TREATING ADOPTION TRAUMA WITH WRITING INTERVENTIONS

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ABSTRACT

Adoptees have a higher likelihood of experiencing mental health symptoms and developing mental disorders due to adoption-related trauma. Writing interventions, specifically expressive writing and creative writing, both show some promise in alleviating the symptoms of mental disorders. However, little research has explored whether these writing interventions can be effective in helping adoptees heal and recover from adoption trauma and related mental issues. Guided by inductive and ethnographic research methods, this study investigated how writing can help adoptees recover from adoption-related trauma. An interdisciplinary approach incorporated the lenses of psychology, English studies, and gender studies to examine the multi-faceted complexities of adoption trauma. Empirical evidence supports the idea that writing interventions could help to alleviate the mental health struggles of adoptees. By analysing three writing workbooks, this study animates the idea that writing can help adoptees connect deeply with themselves and reconstruct their life stories. A parallel autoethnographic investigation in the form of a novel written from the perspective of the researcher as an adoptee illustrates the firsthand experiences of adoption trauma. Ultimately, this study and the book substantiate a process of healing and recovery through narrative expression and creative writing.

Keywords: adoptees' mental health; adoption trauma; life stories; life narratives; expressive writing; creative writing; therapeutic writing; writing therapies; writing intervention workbook; adoptee novel; interdisciplinary; autoethnography.

Dedication

To Aunt Rita.

Thank you for your unconditional love and for unlocking so many unanswered questions.

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I lucked out with my dream team of supervisors.

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Introduction

Concerns about the long-term consequences of adoption were not raised and explored until the 1970s and 1980s (Affleck & Steed, 2001). Since then, research on adoption has emphasized that adoptees are more prone to mental health issues and are more represented in mental health settings compared to their non-adoptee peers (Melero & Sanchez-Sandoval, 2017; Behle & Pinquart, 2016). Common mental health symptoms experienced by adoptees include lingering feelings of grief and loss (Barroso & Barbosa-Ducharne, 2019), identity issues (Miller et al., 2000), depression and anxiety (Melero & Sanchez-Sandoval, 2017), and trauma-related difficulties (Cubito & Brandon, 2000; Melero & Sanchez-Sandoval, 2017; Wegar, 1995).

As an adoptee, I've experienced many of these issues despite being adopted into a family as a baby. I always felt different from the rest of my family. Some family members treated me differently than other cousins or grandkids. I felt like I was disposable, that my birth parents could easily discard me. This insecurity led to feelings of loss, depression, rejection, and identity issues. I carried this trauma with me throughout my teen years and into adulthood. That trauma negatively impacted all of my relationships, my self-confidence and my self-worth.

Aside from the adoption itself and the potentially traumatic life events surrounding the experience, adoptees like me may also have to endure situations that call for significant adjustments early in life. Goode (2018) reported that adoptees might also suffer from unfortunate events in their adoptive families, such as the divorce of adoptive parents, feeling different in the context of interracial adoptions, and difficulties getting along with their adoptive siblings. These factors may contribute to maladjustment and, if not properly addressed, may increase adoptees' vulnerability to mental health difficulties up to adulthood (Cubito & Brandon, 2000). I

experienced all of the issues Goode reported. Even though I was a white baby adopted into a white family, I was still very clearly not biologically related to my parents. Both my parents were short, with brown hair and brown eyes. I am very tall with red hair and blue eyes. People would often joke that my mom must have had an affair with the postman before they became aware that I was adopted. Once people discovered I was adopted, they would react as though I had just told them a dirty secret not to be repeated. My parents divorced when I was ten, and my father began talking about how great he was that he plucked my brother and me from the garbage to give us a loving home. He always made it known that he was doing us a great favour by adopting us and that he was such a great human for taking in children that were not his own, and giving them a life. This treatment created childhood trauma and a diminished sense of value.

Like me, many adoptees placed in adoption as infants reported feeling rejected by their birth families, which manifests as troubled self-worth, impaired sense of belongingness, and painful and challenging emotions regarding their identities (Kernreiter et al., 2020). Society's negative views, language, and attitudes toward adoption are also critical factors in child and adolescent development (Wegar, 1995), and can negatively influence how adoptees interpret their life experiences. Society has also used the term adopted as a casual insult. Siblings would tease younger siblings telling them they were adopted or, in other words, "you don't fit in." Or teenagers yell at their parents "I wish I was adopted" as an insult, meaning, "I wish I wasn't part of this family." The implication is clear: being adopted means you belong to someone else. Hearing these types of insults as an adoptee ingrained in me the notion that being adopted was bad.

Adoptees find it difficult to fully know and understand themselves when puzzled by their biological roots and ancestry. Based on research, adoptees were found to be more vulnerable to

identity issues and conflicts in their late adolescence and young adulthood years, compared to the general population (Sorosky et al., 1975). Many of us worked on family tree projects of one kind or another in school. I hated these projects because they always made me wonder about my biological roots. My adoptive mom was of German descent, but biologically I was Scottish. I wanted to research Scottish ancestry, but was stuck researching German roots with which I couldn't identify. Like me, many adoptees also experience genealogical uncertainty, which entails them searching for their biological roots in an attempt to resolve their identity issues (Affleck & Steed, 2001). This lack of access to genealogical information was ever-present during doctors' appointments when filling out family medical forms. It was like a flashlight shining directly in my eyes, telling me I knew nothing about my family history. I was always left wondering if there could be cancer, MS, a history of strokes, diabetes, or some other important medical information I would never access. Feeling this gap in my genetic history gave me the desire to search for my birth parents.

The varying depth of knowledge and information adoptees may have about their biological heritage, and early life events, contributes to their life narratives. When you are adopted, you can't help but wonder where you came from and what life would have been like if your birth parents hadn't given you away. If you have limited or no information about your biological parents, then you are left to create theories about your history. At various stages of my life, I created different narratives of my past. When I was younger, I romanticized these narratives. I fantasized that my parents were royalty, and I was a princess they sent away to protect, and one day they would find me, and I would live in a castle. I imagined I had a twin who another family adopted, that someday we would be reunited, and I would finally find someone who understood how I felt. As I grew older, my narratives became darker. Maybe my

mom was raped, or I was the product of incest. I often felt that if abortion had been legal when I was born, she might have selected that option instead. In that scenario, I'm alive only because of legalities and not because I was wanted or meant to be here. None of my narratives were true, of course, but I still had a need to create them. And their impact on me was certainly real.

As explained by Goode (2017), humans have an inherent need to give an account of their lives through stories, which provide sense, meaning, and structure for life events. Adoptees' life accounts may be filled with traumatic memories, guilt, repressions, identity confusion, and flawed narratives (Verrier, 1993). The importance of exploring these narratives to acknowledge how an adoptee truly thinks and feels is critical to their mental well-being (Verrier, 1993). The examination of life narratives as a contributor to the mental health of adoptees can serve as a critical step toward healing adoption trauma.

Creative and expressive writing interventions are therapeutic tools designed to recalibrate life stories and personal narratives, helping individuals to reprocess past experiences and generate new meanings and insights. Lichtenberg (2017) explained that the construction and reconstruction of a multitude of narratives allows for the discovery and creation of a coherent narrative truth about a person's life, and may provide a healing and cathartic effect. Through the communicative art of storytelling, new insights and values from these narratives can be acquired (Goode, 2017). Both writing interventions also have demonstratable beneficial outcomes, alleviating the symptoms of mental disorders including distress (Pennebaker, 1997), emotional problems (Frattaroli, 2006), inhibitions (Smyth et al., 2002), depression (King et al., 2013; Austenfeld et al., 2006; Gortner et al., 2006), anxiety (Nesterov et al., 2021), and trauma-related difficulties (Deveney & Lawson, 2021; Pennebaker & Chung, 2007). However, researchers haven't closely examined the effectiveness of these writing interventions when dealing

specifically with adoptees' flawed and incomplete narratives, narratives that negatively affect their mental well-being. Lichtenberg (2017), citing Freud, explained that actual traumatic events and historical truths and experiences can be reconstructed by removing defences and interpreting conflicts within oneself. This idea supports the notion that adoptees' narratives about their life experiences can benefit or negatively affect their mental health and well-being. Therefore, this study posits that exploring and recalibrating adoptees' life narratives can be helpful in the healing and resolution of adoption-related trauma. As a result, mental health therapists and counsellors should consider expressive and creative writing therapies when designing intervention programs for adopted clients.

Expressive and creative writing can help adoptees identify other perspectives when revisiting their adoption experience and associated painful memories. The objective assessment of adoptees' narratives through expressive writing and the imaginative expression of painful memories through creative writing can both help adoptees fill in the gaps and create a coherent life story. Given this, these writing paradigms can serve as helpful therapeutic tools to explore lived experiences, the meanings attached to them, and the ways adoptees repeat these stories to themselves. The writing sessions can help adoptees deeply and empathically connect with themselves to improve their self-worth, and make peace with their history. Various factors have been identified that maximize the potential success of these writing interventions, and considering these factors can help determine how they can best be employed to benefit adoptees' mental well-being.

Methodology

This study employed inductive and autoethnographic research methods to investigate adoption trauma and the effectiveness of writing interventions in addressing adoption-related

mental health issues. The inductive research method involves the reduction and grouping of data to answer research questions using concepts, categories, or themes (Kyngäs, 2020). The autoethnographic research method, on the other hand, deals with studying a subject matter in its natural setting, based on the belief that reality and truth are constructed and moulded through the interaction of people and their natural environment (Méndez, 2013).

Existing literature and studies on adoptees' mental health and the effectiveness of writing interventions were reviewed, dissected, and analyzed using a blend of semi-systematic and integrative approaches. These approaches resulted in a review of research articles and books on adoptees' mental health published between the years 1990 to 2020. This broad publication range was retained due to the limited literature on adoptees' mental health issues. Quantitative, qualitative, and experimental studies were included in the analysis. There were no set exclusions based on adoptees' demographics in the reviewed publications. For studies on the effectiveness of expressive writing and creative writing interventions, publications from 1997 to 2021 were retrieved and analyzed. Quantitative, qualitative, and experimental studies were all included in the review. Participants in the reviewed studies varied from individuals with mental health symptoms (e.g., anxiety, depression, trauma), individuals diagnosed with mental disorders, and individuals in long-term creative writing programs. All studies and literature reviewed in this research were published in English.

Given that adoption trauma is a multi-faceted subject that transcends traditional disciplines of research, this study employed an interdisciplinary approach through the lenses of psychology, English studies, and gender, sexuality, and women's studies. The lenses of psychology and gender, sexuality, and women's studies were utilized in analyzing adoptees' mental health and differences in terms of gender. The lens of English studies was employed in

assessing different writing techniques that contribute to the effectiveness of expressive writing and creative writing interventions in dealing with adoptees' mental health symptoms. Results of the literature analysis are presented in three chapters highlighting the common themes extracted from the reviewed literature.

Chapter One looks at the efficacy of expressive writing and creative writing interventions in alleviating mental health symptoms and treating mental disorders. Chapters Two addresses the psychological impact of gender, class, race, and culture on adoptees, the common mental health issues they experience, as well as negative social views on adoption. Using inductive reasoning, Chapter Three presents a synthesis of information on the benefits of expressive writing and creative writing, specifically for the mental health issues of adoptees. Finally, in Chapter Four, I provide an analysis of three writing workbooks that adoptees can use to embark on a writing intervention.

The autoethnographic research method was utilized by integrating a creative component, in the form of a novel, to illustrate the researcher's firsthand experiences as an adoptee. This novel depicts the researcher's mental health struggles related to adoption and how different writing techniques have been helpful in achieving therapeutic outcomes. The researcher's personal accounts as an adoptee presents insights that serve as a parallel exploration alongside the analysis of existing publications on adoptees' mental health.

Chapter 1: Review of Empirical Evidence Supporting the Therapeutic Outcomes of Expressive and Creative Writing

Expressive writing therapy employs written self-expression to narrate factual life experiences. Creative writing therapy refers to self-expression through crafted writing with an actual or potential readership (King et al., 2013). Empirical evidence supports the efficacy of both writing interventions to help treat various forms of trauma. In this chapter, I discuss the various uses and treatments of these writing paradigms and the ways they are therapeutically used to treat mental disorders. Although I do draw on personal experiences throughout this project, I do not share my experience with writing intervention therapies in this chapter. Instead, I bring my experience with these two forms of treatment in Chapter Three, in which I present an analysis of how writing interventions can be used to treat adoption-related trauma.

Defining Expressive Writing Therapy and its Effectiveness

In the late 1980s, James W. Pennebaker coined the term expressive writing which refers to the written expression of thoughts and feelings surrounding traumatic events. Expressive writing therapy fosters a better understanding of life events and reprocessing of traumatic experiences by cultivating insights and meaning through written expression. The beneficial effects of expressive writing have been associated with improvements in psychological symptoms and physical health. Different factors affect the efficacy of this writing paradigm, including the duration and number of writing sessions, topics, modes, and conditions of disclosure. This writing intervention yielded promising results among persons with depressive symptoms and individuals who have experienced traumatic events but may not be as successful

when employed as a therapeutic intervention in some groups.

Narrative therapy is a psychotherapeutic approach that operates on the notion that people construct narratives to give meaning to themselves and their experiences. Psychological suffering arises due to rigid and problematic narratives, which lead to unhealthy thoughts, actions, and feelings. Designed to address potential suffering, the writing process and the written narratives guided by this approach both serve as therapeutic tools in reprocessing difficult life experiences and in exploring the individual's frame of mind. Narrative therapy aims to help clients construct alternate narratives and widen their perspectives about their personal identity and the world they live in. Expressive writing is a paradigm that aids this process and allows the clients to express themselves in written form to construct narratives that give meaning to their lives and experiences.

The emergence of expressive writing as part of the therapeutic process was influenced by the assumption that not expressing psychological experiences is a form of inhibition. This inhibitory activity serves as a low-level stressor and can negatively affect the individual's autonomic and central nervous system Selye, 1976; as cited by Pennebaker, 1997). Expressive writing may serve as an avenue to challenge this inhibitory work, thereby decreasing the levels of stress experienced by the individual and lowering the risks of developing illnesses and other stress-related symptoms (Pennebaker, 1997). Investigations of writing about emotional and traumatic experiences have found that it can benefit the body's immune function and can result in lower numbers of hospital and doctor visits (Pennebaker, 1997).

Expressive writing has also led to promising outcomes among psychiatric patients (Smorti et al., 2010). Per the DSM IV, participants diagnosed with axis I psychiatric disorders exhibited many positive changes after eight to ten one-hour sessions of writing autobiographical

accounts. Researchers observed a remarkable improvement in the narratives of the participants; starting from narratives focused on memories from the past to narratives that are filled with insights from life experiences. After the writing intervention, the participants exhibited positive outcomes in six areas of functioning, including social engagement, interpersonal ability, prosocial activities, recreation, and independence. The medical staff caring for these patients attribute the substantial improvement in social functioning mentioned above to autobiographical narration during writing. This finding supports the claim that the writing paradigm is an important tool in improving mental health symptoms (Smorti et al., 2010).

A meta-analysis of 146 randomized studies on disclosing thoughts, feelings, and personal and meaningful life experiences also supports the efficacy of expressive writing (Frattaroli, 2006). Although no single explanation exists to cover all aspects of why expressive writing can help improve an individual's physical and mental health (Pennebaker & Chung, 2007), the studies found beneficial outcomes overall (Frattaroli, 2006)

Factors Affecting the Success Outcomes of Expressive Writing

The duration and number of writing sessions can affect the efficacy of expressive writing. Writing once a week over the course of a month can allow for reflection and the digestion of emotions, which may have greater beneficial effects compared to writing four times compressed in a week (Smyth, 1998; as cited by Pennebaker, 1997). However, a similar study by Sheese, Brown, and Graziano (2004; as cited by Pennebaker & Chung, 2007) found no major differences in the benefits of writing daily versus once a week. In this study, there was also no evidence suggesting differences in the benefits of expressive writing when comparing shorter and longer writing sessions.

In contrast, Pennebaker & Seagal (1999) recommend that writing should at least be three

sessions for a minimum of fifteen minutes each time. Writing about adverse life events for less than fifteen minutes may not be helpful and may even be detrimental, as very short writing sessions could activate negative thoughts and feelings related to the experience without giving ample time for the necessary reprocessing and development of insight (Páez et al., 1999). Writing for less than three sessions about a specific life event also decreases the likelihood of gaining deeper understanding and insights from life experiences (Walker et al., 1999; as cited by Frattaroli, 2006). In addition, switching from one topic to another during the course of the writing intervention may decrease the likelihood of fully reprocessing a particular life experience (Frattaroli, 2006).

The topic of disclosure may influence the beneficial effects of writing about emotional experiences. In a group of college students, researchers discovered that writing about emotional issues related to being in college had a negative influence on participants' grades as compared to when the topic was about traumatic past experiences not directly related to college (Pennebaker, 1997). Individuals may also benefit more from this form of therapy when they are asked to write about any trauma, past or current, than when asked to focus on a specific trauma (Smyth, 1998; as cited by Sloan & Marx, 2004). The group of participants asked to write about any specific trauma and were not restricted to a specific timeframe demonstrated superior health outcomes compared to the group asked to focus only on a specific period. This suggests that allowing individuals to write about any specific life event, be it from the distant or recent past, is an important factor to consider when employing this writing paradigm (Sloan & Marx, 2004).

The mode of writing may also affect the client's level of disclosure. Brewin and Lennard (1999) found that individuals who wrote by hand experienced more negative affect and higher self-disclosure compared to those who typed their responses. One possible explanation for this is

that writing by hand takes longer than typing, giving the individual more time to sort and process their thoughts, and re-experience the associated feelings more deeply (Pennebaker & Chung, 2007). Another explanation is that unless the participant is a skilled typist and proficient in the technology provided, the typing process might utilize some of their cognitive resources, distracting them from fully immersing themselves in the writing (Brewin & Lennard, 1999).

Another possibility is that the conditions of the disclosure session may affect outcomes (Frattaroli, 2006). Some studies conducted sessions in a laboratory or medical office, whereas others had exerted less control over the setting and allowed participants to write their narratives in their own homes. For studies done in a controlled environment, the degree of privacy afforded to participants also varied. Some studies had participants in a private room, and some studies held the writing activity with others present. Researchers believe that privacy is an important factor in the disclosure process as the presence of others might inhibit the participants from fully immersing themselves in the writing (Fratttarolli, 2006).

Limitations of Expressive Writing Therapy

Unlike in counselling and psychotherapy sessions, expressive writing does not always provide an avenue for clients to receive feedback from the therapist. However, this potential lack of feedback can be addressed should the client decide to give the therapist permission and access to the writings. Nevertheless, the client may still achieve the beneficial effects of expressive writing regardless of whether or not they share the narratives with the therapist. Czajka (1987; as cited by Pennebaker, 1997) assessed groups of individuals who received actual feedback (therapist had access to the narratives) or implied feedback (no access given) for their written narratives and found no differences in the self-reported benefits. Although the apparent lack of feedback may be a limitation for others, some clients benefit from the free flow of emotions in

writing, knowing that it is independent of social feedback and evaluation (Pennebaker, 1997). It would be helpful for the client and the therapist to discuss which arrangement would most benefit the client.

Another limitation of expressive writing therapy is the surge of negative feelings and emotions the clients might experience. Narrating the emotions, facts, and details of a traumatic experience is associated with higher blood pressure and negative mood, immediately following the activity (Pennebaker & Beall, 1986). Although writing resulted in fewer visits to healthcare facilities over the next six months, this immediate (albeit temporary) negative affect and mood should be taken into consideration when treating clients with hypertension and related conditions. The same is true for clients who are still learning about emotion regulation. Expressive writing for topics involving traumatic events may result in immediate physiological arousal, but the cathartic experience could help decrease health problems months after (Pennebaker & Beall, 1986).

Although many studies support the benefits of expressive writing therapy, there is no conclusive data as to the optimal time after a traumatic event for this therapy (Pennebaker & Chung, 2007). Studies on this subject also differ in the timing of measuring outcomes after writing (Frattaroli, 2006). Some studies measured outcomes as early as one day following writing, whereas others measured outcomes as late as fifteen months following. Some meta-analyses (e.g., Smyth, 1998, as cited by Frattaroli, 2006; Frattaroli, 2006) have excluded studies with follow-up periods of less than one month, because of the immediate negative effects.

There are also specific populations that may not benefit from expressive writing. This form of therapy may not be as successful for individuals with high levels of alexithymia, as they have difficulties with introspection, gaining insight from life experiences, and identifying the

source of their thoughts, feelings, and emotions (Frattaroli, 2006). This concept challenges the findings of an older study (Smyth et al., 2002), which claimed that non-expression and cognitive avoidance do not interfere with emotional engagement during expressive writing.

A study of adults who experienced a recent marital separation revealed that expressive writing might not be successful in helping these individuals search for meaning in the separation (Sbarra et al., 2013). Participants in the writing intervention group reported worse emotional outcomes after writing sessions. This study was the first examination of the efficacy of expressive writing among adults who have had a recent marital separation, and further studies are needed to explore the variables that could explain why expressive writing did not help this population (Sbarra et al., 2013).

Beneficial Effects of Expressive Writing Therapy

Expressive writing therapy has yielded promising results among individuals with depressive symptoms. Individuals high in emotional processing and emotional expression reported lower levels of depressive symptoms after three months of expressing their emotions through written narratives (Austenfeld et al., 2006). A study of college students with symptoms of depression also reported lower levels of depressive symptoms after participating in a three-day writing intervention, assessed after six-months (Gortner et al., 2006). In a study by Seo and colleagues (2015), expressive writing therapy with an "Emotional Approach" was utilized to help depressed individuals create novel life narratives that highlighted alternative positive stories over negative ones. There were improvements in hope, positive and negative emotions, and depression, relative to a control condition. Overall, the study lends support to the efficacy of narrative therapy with an emotional approach in alleviating depression, by helping individuals focus on positive experiences and build positive self-identities by virtue of authoring affirmative

life narratives (Seo et al., 2015).

With respect to personality traits, Christensen and colleagues (1996, as cited by Pennebaker, 1997) suggested that clients with high hostility can benefit from expressive writing. This theory is consistent with the findings from a sample of medical students revealing that individuals with higher baseline hostility may have lower hostility after three months of expressing their emotions in writing (Austenfeld et al., 2006). Those with emotionally inhibited personalities may also benefit from this paradigm as well as those with high neuroticism and low optimism (Frattaroli, 2006).

Similarly, men may also benefit from expressive writing therapy as it serves as an outlet for them to express their thoughts, feelings, and experiences. The meta-analysis by Smyth (1998, as cited by Frattaroli, 2006) supports this theory, which hypothesized that men are less likely to disclose their thoughts, feelings, emotions, and experiences compared to women because of cultural factors and traditional sex roles. Men coming from a Western culture, as well as those coming from less expressive, conservative, and collectivistic cultures, may find writing to be a useful outlet for emotional expression (Frattaroli, 2006).

In addition to men, individuals living with post-traumatic stress disorder and those who manifest traumatic symptoms may also benefit from expressive writing. The thoughts and feelings related to a traumatic event, when expressed into language and narratives, can have beneficial effects on an individual's physical and mental health. This effect can be explained by van der Kolk and Fisler's (1995) findings, which indicate that traumatic experiences are initially stored as incoherent sensory fragments. These fragmented memories often resurface in the form of somatosensory flashbacks, which is the re-experiencing of pain originally experienced at the time of trauma. Initially, a person may be unable to construct a coherent story to explain their

traumatic event. The more a person experiences episodes of these flashbacks, the more they become aware of the details surrounding the traumatic experience, and this awareness eventually leads to the construction of a narrative of their trauma. The benefits also extend to aspects of the person's psychological, behavioural, and social life (Pennebaker & Chung, 2007). These benefits are consistent with research which found remarkable improvements following expressive writing for the social functioning of participants diagnosed with mental health disorders (e.g., PTSD, anxiety disorders, and other disorders under axis I of the DSM IV; Smorti et al., 2010). Expressive writing therapy may also serve as a coping mechanism for individuals with high stress, poor health, and negative mood (Frattaroli, 2006).

Survivors of violence who suppressed their traumatic experience for a long time may also benefit from this form of writing therapy, as previously undisclosed experiences are considered good candidates for expressive writing (Páez et al., 1999). Whereas others can openly discuss or express their negative life experiences with their support circle or a professional, some individuals may suppress traumas due to the lack of a safe space or a trusted person to confide in. It is considered normal and healthy for individuals to share and disclose information on important life events, and this sharing extends to both positive and negative experiences (Jourard, 1971; Alexander, 1950; as cited by Frattaroli, 2006). Individuals who do not disclose information after a negative life event are at higher risk of adverse health compared to those who can openly talk about their traumatic experience (Pennebaker & Susman, 1988). Expressive writing may help these individuals gradually release their inhibitions as the therapeutic process progresses. The writing process may serve as an avenue for these persons to free their minds of unwanted thoughts, help them gain insights from their negative experiences, and improve their social functioning (Frattaroli, 2006).

The efficacy of expressive writing therapy is well-supported by the available research. As a writing intervention, the paradigm helps individuals improve their psychological symptoms and physical health. A mental health professional may modify the structure of expressive writing therapy depending on the nature of the client's conditions and the target outcomes.

Defining Creative Writing Therapy and its Effectiveness

Creative writing therapy is a therapeutic method that encourages crafted writing for personal expression. As a therapeutic intervention, creative writing has led to successful outcomes in improving mental well-being, handling emotional difficulties, reducing symptoms of anxiety, depression and anger, and reprocessing difficult life experiences. Creative writing sessions for groups have led to improvements in social engagement, supportive relationships, and compassion toward peers. However, links to proneness to hallucinations suggest that mental health professionals must exercise caution when prescribing creative writing over the long-term.

King and colleagues (2013) define creative writing as an avenue for personal expression utilizing crafted writing with an actual or potential readership. Creative writing may be effective for promoting recovery among individuals with severe mental illnesses (King et al., 2013), and can lead to the processing of emotional difficulties thereby improving well-being (Deveney & Lawson, 2021).

The creative writing process may serve as a window into the unconscious mind, paving the way for the exploration of a client's innermost thoughts, feelings, and emotions (King et al., 2013). This process helps bring awareness to unconscious conflicts and repressed memories, leading to the reprocessing of experiences of which the client may be unaware. Therapists employing creative writing have also reported positive results integrating other forms of writing, such as fictionalized autobiography (Hunt, 2000) and poetry (Hunt & Samson, 1998, King et al.,

2013). As Doyle (1998) put it, the creative process in fiction writing is a voyage of discovery as it requires narrative improvisation from a viewpoint different from one's own.

In terms of mental well-being, creative writing therapy substantially improved the processing of emotional difficulty among a group of creatives (Deveney & Lawson, 2021). Some participants who have had previous experiences with professional mental help have reported that journaling discouraged them from continuing therapy, because they found it challenging to write as themselves. Trying creative writing instead, these participants reported that they found fictional writing more helpful and therapeutic than diary writing (Deveney & Lawson, 2021). The study of DeSalvo (1999; as cited by Pundi, 2020) may explain the preference for fictional over factual writing, which detailed that individuals facing emotional turmoil or difficulties should not be encouraged to write about these experiences. However, this does not mean that individuals should avoid difficult experiences; it is up to the participants to decide if and when they are ready to write about these difficult experiences (Pundi, 2020).

Positive outcomes were also observed for cancer patients after a creative writing workshop intervention that lasted for six months (Nesterova, et al., 2021). Prior to the intervention, anxiety, depression, and anger were assessed. Follow-up assessments of up to three months later revealed that the patients had lower scores for these symptoms, suggesting a therapeutic benefit for this population (Nesterova et al., 2021).

Beneficial Effects of Creative Writing Therapy

Researchers have examined the beneficial effects of creative writing using three different theoretical models: narrative and identity, writing as a means of repairing a fundamental flaw in symbolic functioning, and writing as a form of cognitive remediation (King et al., 2013).

The Narrative and Identity framework posits that the use of language, narrative, and

storytelling are relevant in forming a coherent identity, sense of self, and social connectedness (King et al., 2013). This supports the claims that creative writing therapy is a powerful tool for creating and recreating a sense of self and identity (Bruner, 2004; as cited by King et al., 2013). Among patients with schizophrenia, creative writing has helped these individuals regain and reconstruct their identities (Roe & Davidson, 2005). Researchers detailed their recovery in a four-stage process of identity reconstruction: (1) discovery of an alternative sense of self to that in the previously dominant narrative; (2) a reflection upon this self and the potential to change; (3) acting to revise and enhance the integration of that sense of self; and (4) a more integrated self that has been salvaged in order to make progress towards recovery (Davidson & Strauss, 1992; as cited by King et al., 2013). In relation to this process, it is interesting to note the findings of Lysaker and colleagues (2003), which reported that when examining the writings of people with schizophrenia, the narratives about other people had coherence and sensibility, whereas their self narratives lacked structure and coherence. Connecting this process with the findings of Roe and Davidson (2005), individuals living with schizophrenia may benefit from creative writing therapy in helping them regain their agency and sense of self.

The second theoretical model, based on the works of Lacan (1993), is writing as a means of repairing a fundamental flaw in symbolic functioning. In this model, mental health symptoms that disrupt an individual's identity are only secondary effects and manifestations of psychosis. Lacan (1993) claimed that the primary root cause of these symptoms is the impairment in the 'register of symbolic,' which is the part of the psyche that governs social relations and is organized by language. This claim establishes the connection between the significant role of language in writing interventions and its contributions to reconstructing a person's sense of self. Furthermore, this assertion may serve as one of the explanations for why creative writing therapy

has been successful for individuals living with schizophrenia (King et al., 2013).

The last theoretical model is cognitive remediation, which refers to systematic training of basic and complex cognitive processes (King et al., 2013). Addressing cognitive impairments through such training may improve the overall functioning of patients living with schizophrenia (Medalia & Thysen, 2008).

Factors Affecting the Success Outcomes

Researchers have identified different factors that are relevant to the success of creative writing therapies. King and colleagues (2013) argues that the process of creative writing may be more important than the content. The first step in employing creative writing therapy is to encourage brief, spontaneous, and unguided free writing. This first step serves as a preparatory stage for the individual to overcome the initial self-criticism, self-censorship, and/or reservations: all obstacles common to writing. For the second step, the client should focus on crafted, disciplined, or reflexive writing (King et al., 2013). When this pattern is followed, the first step, wherein the client is free to write anything spontaneously, serves as a training ground for gaining self-control and overcoming inner chaos (Herman, 1992; as cited by King et al., 2013). The second step—the crafted, structured, and disciplined writing—leads to improvement in the client's self-esteem (Hunt, 2000) and helps develop a product that can have a potential readership, which improves the connection between the client and the external social world.

Unfortunately, the structure and techniques required for crafted writing can also potentially discourage less skilled individuals and more vulnerable clients (Van Goidsenhoven & Masschelein, 2021). Writers should be allowed to apply their own judgment in deciding which techniques and structures to utilize in their writing, so as to not distract them from the important experiences of the creative process (Van Goidsenhoven & Masschelein, 2021). This idea is

consistent with the findings of Pundi (2020), which revealed that employing creative writing therapy among mental health patients requires openness and flexibility to adapt to the needs and conditions of the participants.

In clinical practice in the USA and UK, there is an emerging consensus that creative writing is better employed in the therapy program when facilitated by a professionally trained writer (Hunt & Samson, 1998). This consensus calls for collaboration between the writer-facilitator and the therapist, both working toward achieving therapeutic outcomes. The researchers explained that the writer-facilitator can provide a literary ambience to the therapy sessions without the clinical authority associated with the therapist (King et al., 2013). The findings of Pundi (2020) supports this idea. Participants enjoyed meeting a professional author, and this encounter inspired them to express themselves through creative writing. In the same study, some participants found it uplifting to interact with someone outside the healthcare system (Pundi, 2020). This kind of collaboration may facilitate a less constricted writing experience for the client and increase the likelihood of achieving the best possible results from the writing intervention. On the part of the therapist, it is important to guarantee that the writing workshops provided by the writer-facilitator strictly complies with the ethical practice and guidelines of counselling and psychotherapy (King et al., 2013).

When administered as a group therapy intervention, creative writing may also foster supportive relationships among participants by encouraging them to share their work, and support peers who opted to write about a difficult experience, developing compassionate feelings. These factors may bring a sense of belongingness to the participants and enhance their social functioning (Pundi, 2020).

Limitations of Creative Writing Therapy

In designing recovery programs for people with schizophrenia, creative writing therapy is often integrated as part of cognitive remediation. This integration has been successful in addressing cognitive deficits and impairments. However, Wykes and colleagues (2011) observed the same effects when employing interventions such as computerized drills and mentally stimulating games. These different activities have all demonstrated equal efficacy and may indicate that creative writing may not be superior to these alternatives when paired with cognitive remediation (King et al., 2013). The researchers emphasized the need for further studies, specifically focusing on creative writing therapy under controlled conditions (King et al., 2013).

It is quite paradoxical that while creative writing may have beneficial outcomes among those with schizophrenia, it can also potentially lead to proneness to hallucinations among people not otherwise diagnosed with mental disorders (Foxwell et al., 2020). In a phenomenological study among professional writers, experiences related to imaginary companions, inner speech, and hallucination-proneness appear quite common in the profession. Since engaging with fictional characters requires mental imagery and empathy (Keen, 2006), writers can experience these fantasy-type experiences. In the same study, participants reported hearing their characters' distinct voices (e.g., accent and gender). These characters can carry on conversations with one another, in which the writer can readily distinguish who is talking. In terms of proneness to hallucinations, participants reported experiencing hypnagogic (when you are drifting off to sleep) and hypnopompic (when you are waking up) hallucinations, as well as hallucinatory episodes. Other participants reported having a dual experience wherein they see things from their own and their characters' perspectives. With this dual experience in mind, therapists may need to exercise

careful planning and evaluation before introducing long-term creative writing programs for people already experiencing hallucinations and detachment from reality.

The creative writing process may also be time-consuming, as it can take several hours to establish the momentum of participants' creativity (Pundi, 2020). As fictional writing requires concentration and effort, even a two-hour session may be tiresome for both participants and facilitators. When broken down into timed sessions, creative writing may also disrupt the participants' creativity and engagement (Pundi, 2020). To address this potential disruption, participants should be allowed to arrive and leave as they prefer (Pundi, 2020).

Who May Benefit From Creative Writing Therapy?

A study by Deveney and Lawson (2021) reported successful therapeutic outcomes for creative writing among individuals with coping with grief, divorce, domestic violence, rape, body image issues, issues with personal trust, and social isolation. From the participant's perspective, the creative writing process gave them a mask and a safety net that allowed them to express their experiences fictionally rather than factually. The writing paradigm allowed the participants to examine their negative life experiences while keeping a safe distance from these events. This therapeutic effect of creative writing may fall under the same umbrella of psychodrama and Gestalt's empty chair technique, in that it encourages the clients to explore their feelings through imagined conversations (Deveney & Lawson, 2021). The writing process may also result in self-empathy, which may help individuals experiencing guilt about their past (Deveney & Lawson, 2021).

Creative writing therapy may also help shift the perspectives of individuals with suppressed emotions and detachment issues. Persons with long-standing emotional difficulties and troubles confronting specific life events may have a cathartic experience after conveying

their thoughts and feelings through creative expression. After participation in a creative writing intervention, some participants reported that the creative writing process helped them gain a new perspective that allowed them to view their experiences objectively and analytically (Deveney & Lawson, 2021). The writing process had become a coping mechanism for the participants and facilitated the reprocessing of emotions associated with difficult life experiences. Associating themselves with the heroes and heroines they created for their fictional stories also helped them shift their perspectives and mindsets from victimhood to a more empowered state (Deveney & Lawson, 2021).

Creative writing may also benefit people who experience an existential vacuum or crisis, when life feels meaningless to them. The creative process involved in the writing intervention may serve as a platform to put negative experiences and emotions to positive use. This process may open doors to finding meaning in one's life experiences (Deveney & Lawson, 2021). Studies support this idea by suggesting that creative expression may be an effective tool to help individuals approach and handle difficult life experiences (Van Goidsenhoven & Masschelein, 2021).

The integration of creative writing into recovery programs may also benefit individuals living with schizophrenia. Aside from regaining agency and a sense of self, the writing intervention has also demonstrated beneficial effects in symptom reduction, gains in objective functioning, and subjective experience of recovery (King et al., 2013). Mental health professionals may also employ creative writing therapy in conjunction with treatment programs and palliative care for cancer patients. Research has shown that the writing paradigm can significantly lower anxiety, depression, and anger among individuals with cancer (Nesterova et al., 2021).

Researchers observed positive outcomes when integrating creative writing therapy with other mental health interventions and recovery programs. The beneficial effects of the creative process inherent to fictional writing may help clients with past trauma, emotional difficulties, and those experiencing existential crises. Creative writing intervention may serve as an avenue for these individuals to examine their thoughts, feelings, emotions, and experiences from a safe distance. It also facilitates a shift in perspective, paving the way for a more objective re-examining of past experiences.

Similarities and Differences of Expressive Writing and Creative Writing Therapy

Expressive writing therapy and creative writing therapy can be similar in some ways. Both facilitate self-expression in written form and can be effective in helping clients confront difficult or traumatic life experiences, directly or indirectly. However, the two paradigms can differ in the technical aspects of the writing and the structure of the intervention. In expressive writing therapy, the focus is on the factual narration of life experiences to reprocess specific events and gain insights (Sloan & Marx, 2004). The writing activity serves as an avenue to help individuals attain a cathartic experience by narrating their difficult experiences and expressing their thoughts, feelings, and emotions (Pennebaker, 1997; Deveney & Lawson, 2021). Although expressive writing therapy allows for a free-flowing style of writing, the same may not be true for creative writing. For creative writing therapy, it is only at the beginning of the intervention that individuals can freely write anything and everything that clutters their minds (King et al., 2012). In subsequent sessions, the participants abide by the structure and discipline required of crafted writing (King et al., 2012), facilitated by a professionally trained writer or author (Hunt & Samson, 1998). This structure increases the likelihood of coming up with carefully crafted text that could attract a readership and is essential for helping to improve the participant's self-esteem

(Hunt, 2000) and connectedness to the external social world (King et al., 2012). However, this same structure and discipline associated with creative writing therapy may also potentially discourage less skilled and more emotionally vulnerable individuals from continuing with the sessions (Van Goidsenhoven & Masschelein, 2020).

With expressive writing therapy, the client can write in a research laboratory, other controlled settings (e.g., a classroom), or the comforts of their own home. The varying degrees of privacy afforded by these different contexts could affect the potential benefits of the writing paradigm (Frattaroli, 2006). When facilitated in groups, the presence of other parties can potentially distract participants from fully immersing themselves in their written narratives (Frattaroli, 2006). In contrast, creative writing sessions are usually conducted in groups led by a professional writer-facilitator (Hunt & Samson, 1998). When integrating creative writing into therapy, the therapist and writer-facilitator work hand-in-hand to improve the client's mental well-being and address mental health symptoms. Research suggests that participants may be more comfortable with writing in the absence of a therapist and the clinical authority they represent (King et al., 2012). Clients may also be more inspired to pursue crafted writing after meeting a professional writer (Punzi, 2021). Thus, unlike the possible negative effects of group settings for expressive writing therapy, creative writing therapy participants report liking the group setting of the session, mentioning substantial improvements in their social functioning, such as higher levels of compassion for others, a sense of belongingness, and higher levels of social support (Punzi, 2021).

Conclusion

Creative and expressive writing therapy have both demonstrated beneficial effects for several different populations. Although one may not be superior to the other, both writing

modalities may be employed alone or integrated into an intervention program to help improve the client's mental well-being. Careful consideration of the factors affecting outcomes and the possible undesirable effects of each paradigm will increase the likelihood of achieving optimal results from these writing interventions.

Chapter 2: Adoption-related trauma and adoptee mental health issues

Before relating how writing inventions can support the psychological wellbeing of adoptees, it is important to understand the unique traumas adoptees experience. This chapter explores adoption related trauma and the impact it has on adoptee mental health. I will also draw from my lived experience with adoption trauma and the impact it had on my psychological health and emotional wellbeing.

Adoption-Related Trauma

Even though the concept of adoption in some form has been around for thousands of years, it wasn't until the 1970s that concerns regarding long-term consequences of adoption were raised and explored (Affleck & Steed, 2001). Since then, adoption research has discovered that adoptees are more prone to mental health issues and are more likely to require mental health services compared to non-adopted peers (Barroso & Barbosa-Ducharne, 2019; Melero & Sánchez-Sandoval, 2017; Behle & Pinquart, 2016). Given that adoptees experience long-term negative consequences of adoption, it is essential that mental health practitioners and clinicians be competent and knowledgeable in handling adoption trauma and related mental health issues (Baden et al., 2017). Unfortunately, many therapists do not have specific training in adoption competency (Baden et al., 2017; Atkinson et al., 2013). Adoption competency refers to mental health professionals who possess the clinical skills, knowledge, experience, and awareness to understand the various challenges related to adoption (Atkinson et al., 2013). In a study by Atkinson and colleagues (2013), only 14% of adult adoptees who responded reported seeing a mental health professional whom they considered adoption competent. This finding aligns with my experience trying to find a mental health professional. I have seen well over a dozen therapists since I was a pre-teen, and none of them had clinical knowledge of adoptee mental

health struggles. The following discussions focus on the most common mental health difficulties experienced by adoptees.

Researchers have linked the trauma associated with early maternal deprivation to susceptibility to mental health issues and disorders among adoptees (Hajal & Rosenberg, 1991). This is supported by a study that revealed that the mental health status of foster children might be comparable to that of clinically ill populations (Vasileva & Petermann, 2016). Adoptees exposed to terrifying and violent scenarios are also prone to developing a life narrative filled with struggles and violence without a comforting resolution (May, 2005). The psychoanalytic perspective explains the root cause of this susceptibility to psychopathology as the inability to recover from the bad-parent/good-parent split. The associated feelings of rejection from the birth parents have incurred narcissistic wounds to the child—the associated psychological difficulties of which were then collectively referred to as "adopted child syndrome" (Wegar, 1995). However, the concept of adopted child syndrome has received criticism for its relatively limited focus on psychopathology and exclusion of other important factors in child and adolescent development, such as cultural images, social attitudes, and agency practices (Wegar, 1995).

Aside from the adoption itself and the potentially traumatic life events surrounding the experience, adoptees may also have to endure situations that call for significant adjustments early in life. Goode (2017) reported that adoptees might suffer from unfortunate events in their adoptive families, such as the divorce of adoptive parents, feeling different among adoptees in interracial adoptions, and difficulties in getting along with their adoptive parents' offspring. These factors may contribute to maladjustment and, if not properly addressed, may increase one’s vulnerability to mental health difficulties into adulthood (Cubito & Brandon, 2000). For example, one major issue we faced in our family was that our adopted father never viewed us as

his own. He became jealous and resentful of my brother and the time my mom spent with him. Perhaps he would have felt that way even if we were biologically his; who knows for sure? The one thing I do know is he constantly reminded us that he "saved us" and "rescued us" from an unfortunate circumstance, and we should be grateful that he took in and raised children that weren't his own. His parents and siblings took his cues and, as a result, treated us differently than the other grandkids, nieces, and nephews. Some of the treatment was subtle, and some less so. At Christmas, my grandparents would give all the grandkids twenty dollars, and they would give my brother and me five dollars. It was never discussed or addressed. Everyone saw it happen, and no one said anything. Imagine being shown that you aren't as valuable as blood relatives. These seemingly small things cause long-term trauma, insecurities, identity and attachment issues.

Intimacy and Relationship Problems

Empirical evidence suggests that the perceived abandonment experienced by adoptees may contribute to maladaptive development (Brodzinski, 1990; Findeisen, 1993; as cited by Cubito & Brandon, 2000). This evidence is consistent with the findings of other studies that indicate higher levels of maladjustment among adoptees (Warren, 1992). Jones (1997), citing Object-relations Theory, explained that adoptees might experience vulnerabilities related to trust and separation because of their sudden and early separation from their birth mothers. This separation may manifest in disrupted attachment bonds and difficulties establishing intimate relationships and separating oneself from interpersonal relationships. Barroso and Barbosa-Ducharne (2019) highlight the associations between significant feelings of loss and relationship and trust problems, which may be rooted in the broken social and emotional bonds adoptees experience in their early years due to transfers and transitions of care (Melero & Sánchez-Sandoval, 2017). In terms of child and adolescent development, the presence of psychological

maladjustment in the person's early years serves as a predictor for the same in the adult years (Magnusson & Bergman, 1990). Empirical data confirms this finding, illustrating the relationship between adoptees' early negative experiences and mental health issues and concerns in the succeeding years (Fisher, 2015). The subtle messaging of my childhood that I'm not valued equally as my biological relatives—that I'm someone who was given away, discarded—is something that I carried with me into adulthood. Every friendship or relationship had me worried that they would realize my worthlessness as a human and they wouldn't want me. I continuously questioned why anyone would want a relationship with me. These insecurities ended up creating issues in relationships that weren't really there, which ultimately caused people to pull away or leave. My childhood trauma created this terrible catch-22 where I always doubted people's feelings towards me and my worth to them, which caused me to push them away. People leaving me confirmed my feelings of worthlessness which caused greater insecurities, making future relationships worse.

Mental Health Issues

Adoption is regarded as a measure to protect children's rights and positively contribute to their development and adjustment (Nickman et al., 2005). Adoption provides children who could not grow up with their birth families opportunities to experience a family environment, create emotional bonds, and fulfill their developmental needs (Barroso & Barbosa-Ducharne, 2019).

But adopted children may have higher levels of psychopathology and maladjustment than their non-adopted peers (Gagnon-Oosterwaal et al., 2012). These same findings are also evident among adult adoptees, as reported by a literature review (Melero & Sánchez-Sandoval, 2017). The review examined the findings of 27 studies concerning adoptees aged 20 to 40. Adult adoptees were found to experience more difficulties with psychological adjustment than their

non-adopted peers. These psychological issues include higher levels of depression, anxiety, and neuroticism, as well as personality and behavioural disorders (Melero & Sánchez-Sandoval, 2017). Similarly, Behle and Pinquart's (2016) study indicated that adoptees are at an elevated risk of developing attention-deficit hyperactivity disorder (ADHD), anxiety disorders, substance-use disorders (including alcohol and drug abuse), depression, personality disorders, and psychosis.

Between my brother and I, we covered the gambit of all of those aforementioned disorders. Even though we were adopted from different birth families, having no genetic connection to one another, we both had our share of mental health issues. I have ADHD, anxiety, and depression. I've also suffered from identity and rejection issues. My brother had substance abuse issues, borderline personality disorder (BPD), and psychosis. The same study found that the risks for externalizing disorders, such as conduct disorder and oppositional defiant disorder, are lower than those for internalizing disorders like depression and anxiety. The study also reported a 2.35 times higher likelihood for adoptees to be admitted to psychiatric hospitals or other professional mental help services, compared to non-adopted peers.

It is important to understand that adoption can mean both gains and losses for adoptees, in terms of identity formation and emotional coping (Grotevant & Von Korff, 2011). Society often views adoption as a gift. The adoptee is gifted a loving family, and the childless couple is gifted a baby. It's a win/win situation for all parties. But society fails to understand the loss an adoptee experiences even when adopted from birth. It's like the movie *Sliding Doors*, where Gwyneth Paltrow has a moment where her life could change based on this one decision she makes. She gets on the train, and her life goes one way, or she misses the train, and her life goes in a completely different direction. Imagine feeling like this as an adoptee but never being in

control of that choice. If you aren't adopted, you are simply born to your parents, and that is the life you were meant to have. As an adoptee, there is this whole other life I could have had if I hadn't been given away. Imagine what that feeling can do to your mental health. Should I have been born? What if they kept me? How would I be different? Where would I be now? All of these questions play a role in an adoptee's identity and mental health.

Why Adoptees May Experience Mental Health Issues

Different models attempt to explain why adoptees may have a higher likelihood of experiencing mental and psychological difficulties. The Stress and Resources Model (Sánchez-Sandoval & Palacios, 2012) explains that the life stressors that adoptees may have been exposed to pre-adoption may attribute to these psychological vulnerabilities. These early stressful experiences may affect the child's brain development and eventually result in neurobiological issues (Melero & Sánchez-Sandoval, 2017) and impaired socioemotional functioning (Hanson et al., 2015). Possible early life experiences include exposure to harmful substances during the prenatal period, neglect and abuse, poor nutrition and stimulation, and separation and broken bonds from a caregiver (Melero & Sánchez-Sandoval, 2017). The conceptual model for the psychosocial adjustment of adoptees (Del Pozo de Bolger, Dunstan & Kaltner, 2016) explains that adoptees who experienced maltreatment and abuse before adoption are at higher risks of developing mental health issues, but these issues may be mediated when adequate social support is extended to them (Wind et al., 2007).

The Impact of Grief and Loss

The experience of grief and loss can negatively affect adoptees' mental health and well-being (Barroso & Barbosa-Ducharne, 2019). An adoptee's experience of loss can vary depending on the particular life context, meanings attributed to the loss, present cognitive and

developmental stage, and life situations before and during adoption (Barroso & Barbosa-Ducharne, 2019). Studies show that these lingering feelings of grief and loss after adoption are often unfairly diagnosed as personal or family pathology (Boss, 2016, p.271). If a child was adopted as a baby, therapists might not identify issues they are having as grief or loss because they may not believe the adoptee experienced loss in a traditional sense. I was adopted as a baby, and it wasn't until I was an adult that I realized the grief I was carrying around with me surrounding the loss of a family that I would never know. That undiagnosed grief negatively affected my development and the lack of security I felt in all of my relationships.

Empirical evidence on mental health issues among adoptees whose birth parents were separated, divorced, or had passed away suggests that this group is more likely to exhibit symptoms of antisocial personality disorder (Sullivan et al., 1995). Late adoptions also have implications for the experience of loss as older children have more retained memories of their birth families (Barroso & Barbosa-Ducharne, 2019). These memories may have negative associations with future relationships and contribute to lingering feelings of grief and loss as they age (Hodges et al., 2003; Barroso & Barbosa-Ducharne, 2019).

Identity Issues

Adoptees are more vulnerable to identity issues and conflicts in their late adolescence and young adulthood years compared to the general population (Sorosky et al., 1975). As explained by Jones (1997), adoptees may not receive much explanation for why they were placed for adoption, and caregivers emphasize instead the promising future ahead. The failure to bridge these two life phases is associated with disrupted identities, and feelings of separation and abandonment (Jones, 1997). When I learned I was adopted, my parents treated it like a damaging secret they were revealing to me. My mom emphasized that I was special and chosen, and that

adopting me was a gift. I am her daughter, no matter what. This sentiment sounds lovely and in line with what you would expect an adoptive mother to say to her child. The one thing that was missing was any form of conversation about why my birth parents gave me away and what information they had about my birth family. No one talked about my past. People would tiptoe around that topic. This reluctance to address my origins made me feel like it was something I shouldn't question or want to know about. I felt like something was wrong with me for wanting to know where I came from, and why my birth parents gave me away. I was grateful that my mom loved me so much. She was a wonderful, perfect mother who I was so lucky to have. But no matter how loved I was by my mom, I was still a person another mother discarded. There was a person in this world who was able to give me away. I felt disposable, and that feeling of being 'giveawayable' was never addressed because I was never allowed to talk about it. Just like me, adoptees placed in adoption as infants reported troubled self-worth, impaired sense of belongingness, and painful and challenging emotions regarding their identities (Kernreiter et al., 2020).

Adoptees that lack adoptive identities are more preoccupied and more susceptible to adoption-related fears (Colaner & Kranstuber, 2010). Identity issues often manifest in different areas of the adoptee's life, including the emergence of "adoptive identity," which is the sense of self as an adopted person (Grotevant, 1997). Among closed adoptions, problems with identity (Grotevant & Von Korff, 2011) are often coupled with the desire to search for heritage information (Wrobel et al., 2004). My brother was half Cree, but that was never part of his identity. No one ever introduced him to that culture, and whenever someone would ask if he had Indigenous blood, my parents would shy away from that conversation. That lack of addressing his obvious heritage made him feel embarrassed of who he was. He wanted to know more about

where he came from but was always afraid that our parents would reject him if he expressed this desire. Historically adoptees were discouraged from exploring their roots because there was an expectation that we would assimilate with our adoptive family's roots, even if we looked different from them. Fortunately, there is now a greater understanding that adoptees might want to know our genetic heritage, and that is okay. I say, 'and that is okay' because many adoptees want to know their genetic heritage, despite the fact that this was historically frowned upon. We needed to let go of our past to have a healthy future with our new families.

Adoptees typically fall into two categories, "searchers" or "non-searchers," with the former referring to those trying to find their birth families and heritage. Searchers may have higher levels of anger, pathological symptomatology, and depression than non-searchers (Cubito & Brandon, 2000). In terms of psychological characteristics between searchers and non-searchers, non-searchers exhibit higher levels of self-esteem than searchers (Aumend & Barrett, 1984; Sobol & Cardiff, 1983; as cited by Cubito & Brandon, 2000). Non-searchers also report fewer mental health problems and higher levels of well-being (Dekker et al., 2017). Adoptees also experience genealogical bewilderment, which entails searching for their biological roots to resolve their identity issues (Affleck & Steed, 2001). However, it is important to note that the search process itself may not be the cause of behavioural problems and stress among searchers. This concept is explained in a longitudinal study by Tieman and colleagues (2008), which indicates that searchers, compared to future non-searchers, exhibit problem behaviours in early childhood long before they begin the search process.

An adoptee's desire to search for their birth parents may be explained by the importance of knowing one's heritage to assist with stable psychological development (Thorn, 2011; as cited by Kernreiter et al., 2020). However, among adoptees who are able to track and find their

heritage, the negative effects associated with “being given up” and “feeling abandoned” still results in adverse outcomes for mental health (Kernreiter et al., 2020). This is consistent with Cubito and Brandon’s (2000) study, which reported that despite the importance of knowing one’s heritage, the search process can still be a marker for psychological distress and may just be another stressful experience for the adoptee.

The Media’s Idealized Depiction of Adoption Reunions and the Impact on Mental Health

Adoption has often been idealized in the media, which frequently depicts the adoption of a child as finally fulfilling a childless couple’s dreams, or tear-filled, joyful reunions between an adoptee and birth mother. I grew up watching shows like Oprah or Sally Jessy Raphael, where they would unite adoptees with their birth mothers, who they had been searching for unsuccessfully. These reunions would be punctuated with gasps of disbelief and tears of joy with wide open arms and desperate embraces. I would cry right along with them because I knew that one day, I would have my joyous reunion too. Thanks to Oprah, I fantasized about what it would be like. My birth parents would be so proud of the person I'd become. They would cry as soon as they saw me and wrap me in their arms, never wanting to release me. Sadly, this was nothing more than a fantasy. In fact, my experience was one of rejection and devastation that threw me into a long period of depression. The media ingrains in the minds of adoptees that we should want to search for our birth families because they are waiting for us to find them. Sadly, many adoptees who search for their biological parents either never find them or don't get the results for which they had hoped. It is difficult for birth parents to live up to the image their birth child has invented. The media rarely discusses or shows the negative impact of adoption on adoptees.

I started searching for my birth parents when I was eighteen. I grew up wanting my Oprah-worthy, tear-filled reunion with my birth family. Since my adoption was closed, I couldn’t

request ‘non-identifying’ information until I turned eighteen. Non-identifying information is any information the adoption agency received from birth parents that does not identify who they are. The adoption agency does not provide names. What I received was basic descriptive information such as height, eye colour, hair colour, and a few personality traits. It also included my ancestry information. I was French (birth mother) and Scottish (birth father). It included the same descriptive information about my grandparents, along with their education and employment history, how many siblings my birth parents had, and a brief medical history (See appendix A).

From this information, I found who I believed was my paternal birth grandfather. I searched for Scottish men involved in the Army cadets and cross-referenced those names with people who were involved with Boy Scouts. I narrowed the list of names to one person who also taught Scottish Country line dancing. I got the courage to call him, and with a shaky voice, I introduced myself and said I believed I was his birth granddaughter. In a gruff heavy Scottish accent, he said I had the wrong number and hung up on me. I was devastated. This experience threw me into a fit of anxiety and depression, which crushed my confidence and derailed any plans I had to continue my search for several years. The process of searching and the failed attempt at finding my birth parents caused me psychological distress and it took me years to recover.

Attachment Issues

As children can develop multiple attachments to caregivers (Cassidy, 2016), the broken social and emotional bonds brought upon by transfers and transitions of care may negatively affect the socioemotional functioning of adoptees (Hanson et al., 2015). Research has shown that adoptees have less secure attachment than their non-adopted peers (Borders et al., 2000). The negative effects of these circumstances on adoptees' attachment styles may be a part of the

explanation for why the increased likelihood of developing personality disorders observed among this population specifically does not apply to dependent personality disorder (Westermeyer et al., 2015).

Although research suggests that adoptees are at higher risk of substance abuse disorders (Yoon et al., 2012), a continuous secure attachment style can attenuate this relationship (Caspers et al., 2006). Insecure attachments and low levels of social support are risk factors for illegal substance use among adoptees (Caspers et al., 2005). Studies also demonstrate that a close attachment with adoptive parents and having siblings contributes to higher self-esteem and life satisfaction among adopted individuals (Müller et al., 2002). The more similar the adoptees are to their adoptive parents, the better the quality of attachment (Muller et al., 2002). A solid parental bond can aid in improving adoptees' attachment styles and in recovering from any developmental growth delays in their early lives (Melero & Sánchez-Sandoval, 2017). The support and responsiveness of the parents to the adoptee's needs are also important in the emotional stability of the child (Simmel, 2007). Fortunately for me, I developed a very secure attachment to my mother. This attachment didn't fully mitigate my lack of attachment from my father or his extended family, but it did help. From the day my mom brought me home, I was hers. She always made me feel loved and secure. She was my mom. When my mom left my father, it was an easy decision for me to go and live with her. She was my parent; he was not. My mother was always there to support and love me when I had to work on overcoming specific traumas from my past. When I decided to look for my birth parents, she supported that decision because she was secure in the position she held in my life. She knew she was my mom and that no one would replace her. When I experienced brutal rejection from my birth parents, my mom was there to pick me up and help me survive the devastating loss I felt. Because of my strong

attachment with my mother, I was able to cope, heal and grow into the adult I am today.

On the other hand, my brother went to live with my father. He had been in juvenile detention and was supposed to go to a halfway program before coming to live with us, but my father, using him like a pawn, told him he wouldn't have to go to that program and could go live with him. My father didn't offer to take my brother because he loved his son and wanted him around. He took him because it was a manipulation tactic. The abuse and traumatic experiences we had growing up at the hands of my father continued with my brother into adulthood. He felt left by my mother because my father continuously told him my mom abandoned him, and he saved him. My brother never felt security from either parent. Eventually, he ended up on the street, abusing drugs and living a life of crime. After his most recent stint in jail, the system would release him into my father's custody. He could not bear living with our father, so he decided to end his life instead. Addressing attachment issues among adoptees is imperative in promoting and supporting healthy adjustment and mental well-being. It is crucial that adoptive parents establish good parental relationships with adoptees.

Impact of Gender, Class, Race and Culture

Adoptees may experience and exhibit behavioural problems due to maladjustment and impaired emotional coping (Barroso & Barbosa-Ducharne, 2019; Melero & Sánchez-Sandoval, 2017). In terms of gender differences, differences can be observed regarding emotional expressiveness, seeking social support, and identity formation (Frattaroli, 2006; Smyth et al., 2002). A review of literature by Freeark and colleagues (2005) reported that adopted adolescents might exhibit more problematic behaviours than their non-adopted peers, and this is more pronounced among adopted boys. Gender may influence the types of psychological symptoms experienced by adoptees, such as greater anger among female adoptees compared to their male

peers (Cubito & Brandon, 2000). Historically, stereotypical gender expectations are that it is ‘normal’ for girls to be ‘emotional’ whereas it is not ‘manly’ for boys to have, or get help for, mental health problems (Timlin-Scalera et al., 2003). Not only are boys believed to suffer more stigmatizing responses to mental health problems, but they also hold more negative and stigmatizing attitudes toward people experiencing them compared to females (Williams & Pow, 2007). The prevalence of mood, anxiety and eating disorders is greater among women, whereas substance use, and antisocial personality disorders are more common in men. (Judd et al., 2009). These problematic behaviours include skipping school and lying. Exposure to early negative life experiences is associated with these behavioural problems and may have lingering effects on one's socio-emotional functioning and mental well-being (Melero & Sánchez-Sandoval, 2017). My brother and I are textbook cases in how we dealt with our emotions surrounding our adoption. We were both angry at the world, but my anger manifested in anxiety and emotional outbursts, whereas my brother was more introspective and self-destructive. He developed substance abuse issues, and I developed eating disorders. Understanding the role gender may play in mental health issues can help parents support their adopted child.

In terms of domestic adoption versus international adoption, the risk of having psychiatric disorders may be higher among international adoptees (Behle & Pinquart, 2016). Domestic adoptees have fewer symptoms associated with internalizing disorders (e.g., depression and anxiety) compared to international adoptees (Dekker et al., 2017)). Research findings by Miller (2000) suggest that certain factors can predict the use of mental health services by adoptees. These include race (being white; Garland & Besinger, 1997), higher educational levels of the adoptive parents, and health insurance coverage (Miller, 2000).

There are also reports on transracial adoptees' confusion about their racial and ethnic

identities, and they may face difficulties related to bias and discrimination (Mohanty & Newhill, 2006). Adoptive parents can use various strategies to promoting identity and belongingness for transracial adoptees (Caballero et al., 2012). “Racial literacy” (Twine, 2004; as cited by Caballero et al., 2012) is key for passing on knowledge and awareness of their children's cultural backgrounds, even when they differ from the background of the adoptive parents. Food, hair care, music, cultural practices, and social interactions are all a part of racial literacy (Caballero et al., 2012). To celebrate diversity, some adoptive parents see their children's identity beyond racial, ethnic, or religious backgrounds (Caballero et al., 2012). Instead of focusing on these factors, they emphasize their children's inner potential and abilities and encourage them to choose their identity rather than have it imposed upon them (Caballero et al., 2012).

Social Views on Adoption and its Impact on Mental Health

Research focusing on the social and cultural contexts surrounding adoption suggests that adoptive families may have feelings of inferior social status as society may traditionally view adoptive kinship as illegitimate (Wegar, 1995). This is consistent with reports of societal stigma towards adoptive families (Wegar, 2000). The relationship between adoptees and their adoptive parents lacks social legitimacy because they are not biologically linked (Kressierer & Bryant, 1996). When I was younger, I remember feeling insecure about the validity of our mother/daughter relationship. I overheard a few of my mother’s friends express their sadness for her by saying that it was “too bad she was unable to have her own children.” That may seem like an innocent sentiment for friends to share, but let’s break it down from an adoptee’s perspective. They were sad for my mother because she was unable to have her own child. They did not consider me her child. I was the child of another woman who my mother was raising. In their eyes, our relationship was not as strong as the one she could have had with her own biological

child. Those harmful societal views negatively impacted my self-worth and caused me to be insecure about the validity of my family relationships. Even in 2023, when people discover I'm adopted, they immediately modify the words they use to describe our relationship. People who once referred to my mom as “your mom” would start using the word "your adopted mom" when referring to her, even though they had never heard me use that term. Why would they suddenly place a classifier on our relationship simply because they discovered I was adopted? They subconsciously began to view our relationship differently.

Adoption Language and Society

In this section, I discuss how the language society uses surrounding adoption can negatively impact an adoptee’s mental health. In its legal definition, adoption refers to the creation of a family between a parent(s) and a child(ren) (Potter, 2012). However, Potter (2012) explains that the meanings associated with adoption might vary depending on the person and the situation, as well as on the associative, cultural, and emotional meanings the society attaches to adoptive kinship. Potter’s explanation is consistent with the statement that the interpretation of certain words depends on who says them, where and when (Gumperz & Levinson, 1991: 619; as cited by Clapton, 2018).

The language society uses regarding adoption may have negative connotations for adoptees and their adoptive families (Bartholet, 1997; as cited by Potter, 2012). Adoptive families experience societal stigma, and the roots of this stigma may be traced back to society’s commodity-based descriptions of adoption (Potter, 2012). The newspaper and magazine articles accessible to the masses often discuss adoption in economic terms, which implies that adoptees are commodities, and the adoption process is a marketplace (Lewin, 1998; Mansnerus, 1998; as cited by Potter, 2012). This research is similar to the findings of another study which reported

that in the language associated with the adoption process, children are "commodified" to live with strangers after the separation from their birth families due to parental failure (Clapton, 2018).

Discussing adoption in economic terms gives the impression of an "adoption economy" and includes references to price and cost, making the adoption process seem like an economic decision (Potter, 2012). Other economic terms media reporters use related to adoption include "supply and demand" (Bixler, 2002; Olasky, 1993; Harrison, 1995; Holmes, 1995; Mansnerus, 1998; Smolowe, 2001; as cited by Potter, 2012), “merchandise” (Corbett, 2002; Goodman, 2000; McDonnell, 2000; Olasky, 1993; as cited by Potter, 2012), “acquisitions” (Cheakalos, 2002; Stewart, 1995; as cited by Potter, 2012), and even the “hottest accessory” (Fein, 1998; as cited by Potter, 2012).

The above findings may be related to how people refer to adoptees during the pre-adoptive stage. In foster care, the terms associated with adoption may not be economic in nature but are nonetheless bureaucratic and managerial (Potter, 2012). These include terms such as “placement” to refer to the adoption process, which may imply that the potentially adopted children are objects in need of placement and the adoptive parents are consumers in the adoption economy (Potter, 2012). Another is the means to “return” the adoptees under certain conditions, which may be associated with consumers’ rights to return products when they are not satisfied with their purchase (Bell, 2001; Castaneda, 1996; Doniger, 2002; Emerson, 2000; Goodman, 2000; Hewitt, 2001; Horsburgh, 2003; Jay, 1996; Louie, 1995; McCarthy, 2000; Smith, 1994; Smolowe, 2001; Tauber et al., 2002; Williams, 1995; as cited by Potter, 2012).

Young adoptees may experience feelings of vulnerability related to being “different” and “bad”, because of the comments and actions of people in their community (Wegar, 1995). This

stigma may result in introjection in which the adoptees internalize society's standpoint and identity beliefs as their own (Goffman, 1963; as cited by Wegar, 1995). It isn't just blatant language that people use with adoptees or surrounding adoption in general. It's the subtle language people use that they may not even realize, but we adoptees pick up on it. An example of this subtle language was when my mom died, my cousin said, "I'm always here for you. I love you like family." Here he was saying something anyone would think is loving and kind. And he didn't mean it as anything other than kindness and letting me know he was here for me. But that's not what I heard. What struck me were the words "like family," LIKE family. Because I'm not real family, even though my parents adopted me as a baby. In his eyes, I was always his adopted cousin. And he isn't a distant cousin. We grew up together. I spent every Christmas with his family. And yet, to him, I was still only like family. I realize this insecurity is mine, and this issue I've focused on may not even exist. But what society needs to understand is that adoptees hear certain words or phrases that negatively impact us in a way that may not impact a non-adopted individual. With these social factors in play, adoptees tend to have lower self-esteem and lower moral self-approval (Kelly et al., 1998), poorer self-concept (Levy-Shiff, 2001) and higher levels of avoidance (Feeney et al., 2007).

Open Versus Closed Adoption

Open adoption consists of exchanging identifications and contact information between the birth and adoptive parents (Kernreiter et al., 2020). In the past, advocates for open adoption emphasized the importance of knowing one's roots as a component of normal identity development (Wegar, 1995). However, more recent studies report that keeping open communication with the birth parents may also negatively affect adoptees' mental health.

Adoptees who contact their birth families have more problems such as depression,

suicide, and guilt in adulthood (Curtis & Pearson, 2010), as well as less social support, higher utilization of mental health services, and are more likely to use psychiatric medications (Cubito & Brandon, 2000). Adoptees who report low satisfaction from having contact with their birth mothers are also at higher risk of anxiety and avoidance (Feeney et al., 2007). Adoptees who reunite with their birth families also exhibit lower self-esteem and less maternal care, compared to non-reunited adoptees and non-adoptees (Passmore et al., 2006).

Unlike open adoption, closed/confidential/incognito adoption ensures the anonymity of both the birth and adoptive parents and does not involve any communication between the two parties (Castagnini, 2014; as cited by Kernreiter et al., 2020). In some European countries, anonymous birth and leaving newborns in baby hatches are legal options for women to "safely leave their babies behind" (Grylli et al., 2015). Thereafter, these children are given medical care and are transferred to foster parents, who can potentially become their adoptive parents. Falling under closed adoption, this anonymous adoption or "safe abandonment" equates to renouncing all interests in one's child with no intention of reclaiming them (Sherr et al., 2018).

In closed adoptions, adoptees experience a loss of access to important medical or genetic family histories. Although adoption agencies take pains to gather medical and family history information, it is often not possible to have complete information for the entire birth family. In a closed adoption, there may be no way for an adopted child to ask questions or clarify incomplete or missing information that may only become relevant long after adoption. Even a simple appointment where the doctor quizzes the adopted child about their family medical history can trigger painful or awkward feelings, reminding the adoptee that they are different from biological children and don't have the same information available to share with the doctor. Some people may argue that this information isn't as important as it once was with advances in medical

science and genetic testing. As an adoptee who has experienced this frustration, I would disagree. Yes, there are medical tests that are available, but they don't make up for the lack of genetic history and the questions we may ask our doctor if we knew specific medical information. For example, I suffer from terrible migraines. At times, I experience a cluster of migraines that are so severe they make it hard to function. My doctor finally sent me for an MRI to see if anything in my brain was causing those headaches. The MRI uncovered a cavernoma: a small cluster of blood vessels in my brain about the size of a blueberry. Typically, cavernomas aren't a big deal unless they bleed and cause swelling. Sometimes that bleeding can cause severe headaches or other issues. It isn't overly concerning for me unless I suffer seizures or paralysis; in those cases, they would have to intervene surgically. Now here is where having a family medical history would be valuable to me. There are two types of brain cavernomas, ones that occur randomly and genetic ones. If my cavernoma is genetic, then my children have a 50% chance of also having one. If it is random, then I don't have to worry about my children developing one. So far, I have not tested my children for this, but it is constantly in the back of my mind. When my son develops headaches and moments of dissociation, I worry that he has a cavernoma that is bleeding. Knowing my genetic medical history would help me navigate this issue. This lack of information is a glowing reminder that, because of me, my children won't have all their family medical history either. Even if non-adoptees don't have this information, they still have the option of asking questions and getting information from other genetically-related relatives. Not having access to this information can be depressing and is another added checkbox in the negative column of being different because I am adopted.

Studies report that adoptees placed for adoption as infants, just as I was, may have troubled self-worth, lack a sense of belongingness, and have painful and challenging emotions

related to their identity (Sherr et al., 2018). These issues may be explained by research that emphasizes the importance of knowing and having access to one's biological heritage to prevent feelings of genealogical bewilderment (Barn & Mansuri, 2019). In direct comparison, the adoptive parent's empathy, sensitivity, and ability to help the adoptee through adoption-related difficulties are factors contribute to the child's development. In fact, these are more beneficial than maintaining open communication with the birth parents (Drasin, 1994; as cited by Kernreiter et al., 2020). Psychological problems and disorders like anxiety and depression are also less prevalent among children in closed adoptions compared to those in open adoptions (Castagnini, 2014; as cited by Kernreiter et al., 2020). On the other hand, children in open adoptions are less likely to become strong-willed, hyperactive, and antisocial (Castagnini, 2014; as cited by Kernreiter et al., 2020).

Overrepresentation in Mental Health Care

Although adoptees may experience more emotional and behavioural problems than non-adoptees, some studies report that the effect size of this is relatively small, which indicates that most adoptees may be relatively well-adjusted (Juffer & van IJzendoorn, 2005). Similarly, some research studies suggest that adoptees may score higher in maladjustment compared to non-clinical samples, but these scores are still at sub-clinical levels compared to outpatient samples (Cubito & Brandon, 2000).

Other studies confirm that adoptees are overrepresented in mental health services (Juffer & van IJzendoorn, 2005; Juffer et al., 2011), even though their self-esteem may be similar to non-adoptees (Sánchez-Sandoval, 2015). To investigate this further, a study by Miller and colleagues (2020) examined the factors involved in the overrepresentation of adoptees in mental health counselling. This research dissected whether adoptees have actual issues that need

professional intervention, or that adoptive parents just have a lower threshold for referral to professionals. Results of the study revealed that adolescent problems and family demographic characteristics (e.g., adoptive parents have higher educational attainment than non-adoptive parents) are significant predictors of whether adoptees are enrolled in mental health services. However, even when these two factors are controlled, adoptees are still found to be twice as likely to receive counselling services than non-adopted peers (Miller et al., 2020).

When my brother started acting out and getting in trouble at school, his doctor suggested my parents take him to a psychiatrist. Whether he was acting out because of his emotions around being an adopted child or simply due to biological issues he had from prenatal substance exposure, the doctor felt his behavioural issues were a result of being an adopted child. No one considered that his behavioural issues could have resulted from any other external factors like mental or physical abuse.

When it came time for my parents to tell me I was adopted, they pre-emptively lined up a therapist for me to see after they broke the news. They automatically assumed that this revelation was something that I would need mental health support to process. I was very young and didn’t fully understand what being adopted meant, but the fact that I was now going to a therapist because I was adopted made me feel like it was something I should feel bad about. I often wonder how I would have reacted if they didn't 'break the news' to me or automatically sent me to therapy after they told me. If being adopted wasn't a secret they kept to reveal to me when I was ready. It was just something I always knew about myself, and it wasn’t something I felt like I needed a therapist to deal with. It would have been better if therapy was an option for me when and if I needed it.

Conclusion

Adoptees' negative early life experiences and pre-adoptive risk factors can contribute to the likelihood of experiencing and developing mental health issues and disorders. How society views and talks about adoption may contribute to negative connotations towards the adoptive kinship and the societal stigma that adoptees and their adoptive families feel. Secure attachment, supportive parental involvement, and racial literacy are important for promoting healthy adjustment and mental well-being. When treating adoptees, mental health professionals must have adoption competency to help adoptees address issues that they may not even recognize or understand they are experiencing. I spent decades seeking help to overcome my adoption-related trauma. None of the therapists I saw had adoption competency; if they had I might have gotten the help I needed sooner. Thankfully I discovered the benefits of writing interventions on mental health, which, after years of seeking help, was the one thing that improved my mental wellbeing and changed my life for the better.

Chapter 3*:* Analysis of how expressive writing and creative writing can help adoptees overcome adoption-related trauma.

The increasing amount of research and literature on adoptees mental health and well-being emphasizes the need for therapists to be equipped with the tools for addressing adoption trauma specifically (Barroso & Barbosa-Ducharne, 2019; Melero & Sanchez-Sandoval, 2017; Behle & Pinquart, 2016; Affleck & Steed, 2001). Adoptees struggle with missing significant pieces of their life narrative, due to lack of information about their birth parents, birthdate, birthplace, and roots (Homans, 2006). This includes health information, social and cultural history, and status (Pearson et al., 2007). Many adoptees develop narratives to fill in these missing pieces. When those narratives are negative and impact an adoptee's mental health, expressive writing may help. Narratives serve as the foundation of the development of the human psyche and are critical to holistically organizing and integrating life experiences (Lichtenberg, 2017). Expressive writing and creative writing interventions can serve as tools for exploring adoptees' narratives, reconstructing a new storyline, and creating new meanings and insights to help adoptees work their way to healing from adoption-related trauma. The successful outcomes of expressive writing and creative writing interventions in addressing several mental health symptoms offer a promising benefit when employed by adoptees. As an adoptee who experienced adoption-related trauma and saw over a dozen therapists to seek help for my issues, I maintain that writing interventions helped improve my mental health. Both expressive and creative writing helped me come to terms with my adoption-related trauma in a way that no previous therapy has been able to accomplish.

Grief, Loss, Rejection and Abandonment

At the core of the different mental health issues that adoptees experience are trauma-related symptoms associated with grief, loss, rejection, and abandonment due to the primal wound (Verrier, 1993) incurred by their separation from their birth families (Jones, 1997; Wegar, 1995). In clinical settings, the common presenting problems among adoptees seeking mental health services include feelings of loss, separation, abandonment, betrayal, and rejection (Baden et al., 2017; Jones, 1997). They may often wonder if there is something innately wrong with them for their birth families to reject them, and these questions may recur, especially during important life events and milestones (Pearson et al., 2007). If adoptees don't have a safe space to process and grieve the separation from their birth families properly, those negative feelings can remain (Jones, 1997; Wegar, 1995). This results in a preoccupation with the past that was never fully experienced and not yet fully owned (Homans, 2006). Adoptees must be empowered to believe that these negative feelings are contextual and not permanent aspects of themselves (Stokes & Poulsen, 2014). In this regard, expressive writing and creative writing interventions can help adoptees revisit their early negative life events, bringing them into the open through written expression, and generating new meanings, hope, and insights. Writing interventions can help adoptees form a coherent narrative about their early years to have an alternative, comprehensive, and restorative storyline (May, 2005) that benefits their mental well-being.

Expressing oneself through narratives opens the door to exploring what is in awareness and on the edge of awareness, as well as what has been formulated and what can be potentially formulated (Lichtenberg, 2017). Such an exploration is deemed important as traumatic events are often stored in memory in fragments and shards (Lichtenberg, 2017). This theory may explain why adoptees may experience feelings of loss and bewilderment when what they have as their life stories are broken and missing pieces instead of a coherent whole. The narrative I grew up

believing changed with age. When I was young, I imagined my birth parents were royalty and sent me away to protect me from some evil doer. When I was a teenager, my birth parents were some careless teenagers who couldn't wait to get rid of me and never paid me a second thought. After I found my birth parents and discovered they were married and had two sons, I developed a more realistic idea of my past's story, but it was still incomplete. After finding them and they became real people, I felt my understanding of my narrative was complete. It wasn't until I started writing that I realized there were so many things I still didn't know about my past, about their past. These gaps that I initially didn't recognize or identify caused me emotional insecurities that I didn't even realize until I started writing about my past. Insecurities like why, if they married one another, would they not want to find me? If they had two sons, were they not curious about how their daughter turned out? What I looked like, what my personality was like. Expressing my narrative through writing allowed me to develop a more concrete understanding of my beliefs and insecurities around the issue.

It's also worth noting that in writing narratives about a traumatic past, which don't necessarily have to be factually accurate, a third-person point-of-view may be more helpful for adoptees to separate themselves from the traumatic experience (May, 2005) and facilitate the objective examination of thoughts, feelings, and emotions. This safe distance is also helpful in creating a separation of the self from negative feelings and emotions, such as labelling *fear of abandonment* as external to the self, and not an inherent trait or quality (Stokes & Poulsen, 2014). Adoptees who have kept their trauma to themselves may also benefit from the writing sessions as previously undisclosed experiences are considered suitable subjects for expressive writing (Frattaroli, 2006). Creative writing can also be helpful for adoptees who may wish to address deeply rooted traumas fictionally, rather than factually (Deveney & Lawson, 2021). This

can be especially helpful when they are not yet ready to engage in a direct approach to revisiting their painful memories. This approach helped me uncover and resolve feelings I was having about my birth brother. In order to share how this form of therapy helped me I have to give you a little backstory.

When I was 36, I found my youngest brother on Facebook. He was living in a small town in Alberta, where my husband was from, and we were going to visit there the following week, coincidentally. I decided to reach out to my brother to see if he would be interested in connecting. When he was a teenager, his parents forbid him to have any contact with me. I will share the story of why he was forbidden to see me later in this chapter. Now, he was 27 at the time and living away from his parents, so he surely wasn't still under the ban from seeing me. When I reached out to him, he was nervous and said he couldn't have a relationship with me because he felt his parents would disown him. When I shared with him how his parents rejected me, he responded in shock. He was so upset that his parents would treat me so cruelly, and he didn't think it was fair when all I was looking for was information. He told me he would be willing to meet me, and that he wanted a relationship with me, but that he could never be the road into the family. Our relationship had to remain secret. I understood his position and was just so happy and grateful to finally, after all these years, be able to meet someone to whom I am genetically related.

We agreed to meet at a bar in town. When the day came to meet, I was so nervous and excited. My stomach was in knots, and my eyes burned from holding back tears. I didn't want to cry, knowing that he didn't seem like a person to show emotions, based on my limited knowledge of him. We met and awkwardly hugged, then got a table and ordered drinks. It was so strange looking at someone who looked like me. We chatted for hours and he was so excited to

meet me that when anyone passed our table he would tell them, “Hey, look, this is my sister; we just met!” with such excitement in his voice. That night we became instant siblings. We were complete strangers, yet we instantly had this affection for one another. Throughout our stay, we saw each other several more times, and each time we became closer and closer. When I returned home to Toronto, we would talk on the phone daily. I would give him advice and support and encouragement in a way that apparently no one in his family had given him before.

Every time we would visit my husband’s hometown we would also go and visit my brother. My son, who was a difficult baby, and could barely tolerate his dad holding him, loved my brother. He was the only person besides myself that my son wouldn’t fuss with. Their relationship warmed my heart. I was content. I finally had a person in my life that was my person, my family. Then one visit, everything changed. He had just had a baby, and I was excited to meet my nephew. I tried making plans with him, but he kept avoiding the subject and wouldn’t commit to a time to get our families together. Finally, I asked him what was going on, and he said, “I’m sorry, but I can’t have a relationship with you anymore.” Trying to add humour to the upsetting text and completely failing, he went on to say, “Having a relationship with you is like having unprotected sex with a prostitute; it may feel good at the time, but you’ll regret it in the morning.” I was shocked. What?! He continued to explain that he feels guilty about having a relationship with me behind his parent’s backs. He doesn’t want his son to have to keep this secret. He said he loved me, but couldn’t hurt his parents and risk them finding out and disowning him. Needless to say, I was devastated. This family rejected me once again. I was so hurt and couldn’t put into words the pain that caused me, so I pretended it was fine. Everything was fine.

When I started to write my novel with the characters that are based on my family, I developed a scene where the main character, Lucy's, birth brother, Mark, rejected her in the same way my birth brother rejected me. I unloaded anger on this character that I never allowed myself to experience in real life, but that was always there. As I wrote in a draft:

> Lucy clenched her fists at her side, barely parting her gnashed teeth to speak. "You are a coward, Mark. You spent the past two years leaning on me and telling me your life is better because I'm in it. You made my kids fall in love with you, and then as soon as things get hard, you leave. You leave all of us. And for what? Why can't you just tell your parents that you want a relationship with me? You're a grown man, Mark. You aren't doing anything wrong. Loving me doesn't mean you love them any less."
>
> Mark could barely look Lucy in the eye, his gaze lowered to his feet. "Lucy, you don't understand, I can't. I wish I could make you understand, but I can't hurt them like that."
>
> Shaking her head, Lucy scoffed at him, "You're just like them. You are heartless, and you don't care what you are doing to me or my family. I wish I had never let you into my life."

That anger had been eating away at me, and I kept pushing it down and never dealing with those emotions. I was too emotionally fragile to allow myself to grieve the loss of another relationship. By placing all of those complicated feelings on the character, I was able to uncover all these feelings and let them go.

Whether expressive or creative, both writing interventions head towards the same goal of enabling and encouraging adoptees to have a cathartic experience (Deveney & Lawson, 2021; Pennebaker, 1997). These writing interventions enable them to revisit their past trauma, explore different points of view and influence a positive shift in how they perceive themselves (Stokes & Poulsen, 2014), and generate new meanings, hope, and values about their adoption and life experiences.

Prior Abuse and Creative Writing

For adoptees who experienced terrifying and violent scenarios in their early years, their likelihood of developing a life narrative filled with struggles without a satisfying resolution

(May, 2005) can be challenged through creative writing. This is a safe space where they can project conflicts and repressed memories (King et al., 2013). This less confrontational approach provides a mask and safety net to maintain a precautionary distance between adoptees and their traumatic experiences (Deveney & Lawson, 2021). Adoptees dealing with trauma symptoms can also benefit highly from writing fictional autobiographies to reprocess their emotional experiences, distant and recent memories, and interpersonal relationships through fictional and poetic expression. Writing fictional autobiographies and sharing outputs in a group setting can also help improve one's capacity to reflect on life experiences (Hunt, 2010). This helps adoptees view their live events from different angles and perspectives, shifting back and forth from an inside and outside perspective of the self. The different life stages covered by fictional autobiographies can help adoptees revisit early life experiences lingering in their consciousness, especially those embodied emotional experiences that happened too early for them to articulate. Some life stages can also be written in a dialogic style by using characters and assigning voices of their own (Hunt, 2010), for which the dialogue can help adoptees find the closure they long for with a specific person in the adoption triad or within a particular life experience.

Given the success demonstrated by the two writing interventions in dealing with various mental health problems, adoptees can utilize either or both to help their depression and improve their emotional stability (Austenfeld et al., 2006; Gortner et al., 2006). For adoptees utilizing professional mental help services, the writing sessions can be an extension of psychotherapy to help them explore feelings at any given time or during a depressive episode (Cummings et al., 2014). Given that adoptees are also more likely to experience impaired emotional coping (Barroso & Barbosa-Ducharne, 2019; Melero & Sanchez-Sandoval, 2017), writing exercises can serve as a coping mechanism to help deal with negative moods and stressful situations

(Frattaroli, 2006). After I finished writing the scene where Lucy unloaded on Mark for dumping her, I moved on to writing a scene between her and her husband, Kevin. Writing love and support from Kevin allowed me to show myself kindness and compassion.

> Kevin pulled Lucy into a hug. "Oh my love, I'm so sorry this happened. It's easy to say he's not worth it, but I know it meant a lot to you having him in your life. Just remember you always have us, me and the kids are always here for you. Everyone else comes and goes, but we'll always be here to love and support you. Sure, that guy was your brother, but he wasn't really family because someone who is family would never leave you. You have me, and you have two beautiful children who love you dearly. This feeling will pass."

This compassion helped me accept that I should be gentle with myself and that it is not only understandable to feel such anger and hurt, but that it is okay. I'm allowed to feel angry. Kevin's words validated Lucy's feelings. I validated my feelings. What he did was wrong and cruel, and I didn't deserve to be discarded the way I was. It is frustrating not having control over someone else's actions, and I need to find a way to allow myself to grieve that loss and not feel bad about needing to grieve. These fictional characters allowed me to put a comfortable buffer between absorbing the feelings at full strength, because it wasn't me who was experiencing that anger and rage: it was Lucy. Through Lucy, I was able to let go and begin to heal from the major traumas I had been holding on to for far too long.

Like I experienced, emotional expression can also be a problem for adoptees, especially those exposed to unfortunate life events before and after adoption (Barroso & Barbosa-Ducharne, 2019; Melero & Sanchez-Sandoval, 2017). Given this problem, expressive writing and creative writing interventions may serve as a safe space where adoptees can freely express their thoughts, feelings, and emotions without fearing judgment from others or society. These writing interventions may especially benefit adoptees feeling anger (Cubito & Brandon, 2000), and who have the mood, anxiety, and eating disorders (Judd et al., 2009) observed more

prominently among females. Writing interventions can encourage adoptees to believe and realize that there are many possible realities to fit their experiences (Stokes & Poulsen, 2014), and that their perspectives can shift when looking back on these life events. Regular and consistent writing sessions can also help adoptees with the gradual release of inhibitions and may serve as a monitoring tool for both adoptees and therapists to track growth and progress towards improving emotional expression, reshaping unwanted behaviours (Cummings et al., 2014) and developing better coping mechanisms.

International and Transnational Adoptee Identity Issues

Expressive and creative writing interventions can help international/transnational adoptees reconstruct their birth stories and entrance narratives to positively shape their identity. This exercise is done by constructing a storyline that answers the common questions these adoptees may have about themselves: why they were placed for adoption and where and how do they fit into their adoptive families (Kranstuber & Koenig Kellas, 2011). The primary goal behind this exercise is to deconstruct the oppressive narratives adoptees may see as their present reality and identify alternative stories that acknowledge their resilience and support their mental well-being (Stokes & Poulsen, 2014). Adoptees who wish to build their own identities may use creative writing interventions by looking inward to identify and nurture their potentials, abilities, and talents to serve as the foundation for their sense of self instead of having it imposed upon them based on their racial, ethnic, or religious backgrounds (Caballero et al., 2012). This focus on adoptees' strengths and positive characteristics as fuel to their writing sessions can, in turn, help improve their self-worth (Kernkeiter et al., 2020) by opening new doors toward increased knowledge and appreciation of the self (Stokes & Poulsen, 2014), as well as strengthening their capacity to establish interpersonal relationships without losing themselves in the process of connecting with other people (Barroso & Barbosa-Ducharne, 2019; Jones, 1997).

Identity Issues

As noted in Chapter Two, where I detailed my own experiences as an adoptee, identity issues are one of the most common mental health problems adoptees may experience. Adoptees may not receive much explanation on why they were placed for adoption, and instead caregivers often put more emphasis on the promising future ahead (Jones, 1997). When my parents finally revealed to me that I was adopted, I was only told that my birth parents gave me away to give me a better life. There was no talk of who my parents were and the life circumstances that may have led them to have me, and why they gave me up for adoption. Professionals in traditional adoption agencies have contributed to the secrecy and denial of origin information in several ways. They created a closed adoption system filled with anonymity and provided little information about the birth families to the adoptive parents. Denial was most apparent in the belief that adoption was a one-time legal event instead of a lifelong process that has profound effects throughout the adoptee's life (Rosenberg & Groze, 1997). In the 1970s, the Children's Aid Society advised my mom to focus on our family and not discuss where my brother and I came from. The social worker felt it would be upsetting if they gave us too much information about our past. It was best to simply focus on integrating us into the family. The problem with this way of thinking was I was left with a huge unknown in my life. Who were these people who made me? What was the story of where I came from? There were pieces of my life puzzle that wasn't given to me, so I had to create a narrative about those unknowns. For adoptees, the failure to bridge these two life phases was found to have associations with disrupted identities and underlying feelings of separation and abandonment (Jones, 1997). As a repercussion of this failure, some adoptees try to reconstruct their life's missing pieces by making trips to search for their biological origins and identities (known as "root trips", Homans, 2006). Adoptees also often seek different ways to fill such a gap in their lives and identities, including having fantasies of a classic family theme to

camouflage feelings of loneliness and depression (Sorosky et al., 1975). Through the lens of Narrative Theory, this behaviour is characterized by developing different theories about one's birth and, with the help of imaginative work and emotional labour, weaving them together to come up with a narrative and storyline that would stand as the *truth* about one's birth origins (Homans, 2006).

It is important for adoptees to know and realize that identity formation is a lifelong process, and their past doesn't define their identities and self-worth as individuals (Stokes & Poulsen, 2014). Adoptees can benefit greatly from expressive writing to reconstruct their life narratives and generate new meanings and insights that encourage positive beliefs about themselves. Writing interventions can serve as an outlet for adoptees to write down their early memories before and surrounding their adoption experience, as well as the meanings they attach to these events.

Discovering the Benefits of Writing Interventions

My first experience with expressive writing came as an accident. Before I share how expressive writing helped me, I need to share how I got to the point where I discovered the benefits of this form of therapy. Growing up, I always felt like I was discardable. I felt like I was worth less than others because there was someone in this world who was capable of throwing me away. The narrative I told myself was that I was equivalent to trash. I carried these negative identity feelings into adulthood. When I turned 22, I decided to look for my birth parents because I wanted answers. I wanted to learn about my medical history, and I wanted to know why they gave me away. I wanted to know if they still thought of me. I wanted to know if they ever loved me. I wanted to stop guessing about so many unknowns in my life. After I recovered from the devastation of my first failed search attempt when I was 18 (when I called who I thought was my

paternal birth grandfather), I began my search again. This time, I reached out to someone I thought was my maternal birth grandfather. Fearing the rejection, I had experienced years before (Chapter Two), I decided to write to him, instead of calling, to explain who I was. In the letter, I included a self-addressed stamped envelope and requested that if they were not the right people, could they please drop my empty envelope back in the mail, so I knew my letter reached them. If I got my envelope back empty, I would know I had found the wrong people, and would continue my search. Approximately two weeks later, I received a letter from my birth grandparents. They told me they had been waiting to hear from me since I turned 18. They expressed excitement that I finally reached out to them, and they wanted to know more about me. My grandparents told me that my birth parents had married each other and that they now had my letter. This information filled me with incredible hope and anticipation. I could not have asked for a better situation! My birth parents were still together. Of course, they would be happy that I found them.

Three days later, I received another letter from my birth grandparents. I opened it with excitement thinking it was from my birth parents. I was surprised to discover it was a letter from my birth brother. Up to that point, I was unaware that I had biological siblings. In a search for money in his parents' night table, my brother found my letter. He believed the information was accurate and that I was his sister. He let me know that he was thrilled to have a big sister. Later, he sent me pictures of himself, his brother, and his parents. It was the first time I saw pictures of people who looked like me. It was amazing. I could not have imagined a more ideal outcome. My birth parents married each other, and my birth brother was excited about my existence. My fear had been that my birth mother may have married someone who wasn't my birth father, and had kept her teen pregnancy from him. I also worried they would have had kids and wouldn't want to upset them with this news. At that moment, all my fears were alleviated knowing that my

birth parents were together, and my birth brother was accepting of me. Everything was perfect. Or so I thought.

Two days after I received the letter from my birth brother, my empty self-addressed stamped envelope showed up at my door. I was shocked. Instead of the letter I had been waiting for my whole life, I received yet another rejection. I didn't understand what was happening. I reached out to my birth grandparents to ask them for some clarity. My grandmother was devastated. She told me they hadn't informed my birth mother that they had written to me. And my birth parents obviously didn't know their son had written to me either. Instead of being excited that I found them, they wanted me to assume I had found the wrong people. I would have been searching for the rest of my'life, always hitting dead ends, because they didn't want me to know I found them. My birth grandmother told me they were not allowed to have any more contact with me, and their daughter made it clear that everyone in the family was forbidden to have a relationship with me. That fear I had of being unwanted and discarded came true. At that time, it appeared that they didn't care enough about me to even have the decency to personally tell me they didn't want a relationship with me. I interpreted all of this information as that, as far as they were concerned, I didn't matter. I was devastated.

A few days later, I received a typewritten letter from my birth parents. The greeting contained my first initial and last name, and the letter ended with their first initials and last name. Everything about the note was cold. My birth parents told me to leave them alone and never to contact them or anyone in their family again. It went on to say that they were unable to deal with this situation, and they would never be able to deal with me, and I was to respect their wishes. I was shocked. My letter to them was very kind and warm. I thanked them for giving me life and said I was doing well and that I was looking for medical information, and if they wanted to meet,

I would be open to it. It was a respectful and non-intimidating letter. I wasn't asking them for anything other than information. I was bewildered that the two people who made me didn't want to know anything about me. The narrative I held onto as a child, feeling like I was unloved and unwanted, became a reality for me. I carried that rejection with me for years.

Eventually, I decided I needed to seek help to overcome these feelings of rejection and worthlessness. I needed to feel okay about not knowing the *why*. Why did my birth parents react in such a cruel way? Why did they not want to know me? I would never know this *why*, so I needed tools to help me overcome or cope with these feelings I had of negative self-worth. I found a psychiatrist who specialized in talk therapy. Meeting a new therapist filled me with dread as I would have to relive my devastating backstory all over again. But, this time, I was willing to do the work as I very much wanted to feel better. Over three sessions, I recounted my story to him. Each session left me spent from crying and heavy from the emotions. Every visit I watched my therapist shake his head in disbelief. He didn't understand the *why*. It seemed like he wasn't sure how to help me. At the end of the third session, he said he would think about it and, with my permission, consult with a colleague. I was hopeful. I went to the fourth session expecting to start working on whatever he had planned for me. I was open and willing to put in whatever work I had to in order to feel better. He began by telling me to close my eyes and to build a house in my mind. Then, he told me to put this issue in that house and then close the door, then told me to never to open that door again. What?! I opened my eyes in disbelief. I made it clear that I wanted to deal with this issue so I could move on. I wanted help, and he told me to forget about it. This is the problem with therapists who are not trained in adoption-related trauma issues. He had no idea how to help me, so he told me to just let it go. He said there are just some things we can't deal with, and we must accept that. I got up and left, never to return.

This experience made me realize that there are so many people in my orbit who can't empathize with what I've experienced, but there had to be people somewhere who could. I decided to make a video sharing my experience of rejection and the feelings it caused. I knew I couldn't be the only one in the world who experienced this type of rejection. If I could share my story and help someone else feel less alone, then maybe that would help me too. I posted my video on YouTube and got hundreds of comments from people with similar experiences. These shared experiences made me feel less alone. I had finally found people who understood what it was like to feel what I was feeling. It wasn't just me. It wasn't because *I* was worthless. Others experienced this pain too. Then something happened that I never expected. A birth mother commented and tried to give me insight into the *why*. I broke down crying when I read her comment. It was the first time in my life that someone who was a birth mother who gave a child away could put into words why this rejection might have happened. As she wrote in the comments:

> I am terribly sorry that you had a hurtful reunion, and I want you to understand that it really was not a rejection of you. It was an inability to deal with the grief of giving you up and of having that deep wound reopened over and over again as they would have to talk about it with everyone in their world. I don't know if a person who has never had to give up a child at birth can understand how difficult that is and how a birth mother must eventually block the grief or die. It is not possible to live if you don't allow that emotional wound to scab, even though it never fully heals. It's traumatizing. Forty years later, I still cry over the grief of giving up my firstborn for someone else to raise, so I learned to live with it by blocking it out to let the wound scab over. It is not weakness or lack of caring. It is a matter of survival. You are a wonderful, precious person and should not feel rejected. It is because they know they lost a beautiful child that they reacted the way they did. (seattlemum, 2017)

What her comment did for me was give me another narrative surrounding my perception of my birth mother. The narrative that was truth to me was that she didn't want me and that she didn't care what happened to me. This woman who shared her experience gave me a different perspective to view my birth mother's story. Maybe she

didn't react the way she did because of me, because she didn't place any value on me as a person. Her reaction was one of survival because she was a person with emotions and trauma surrounding my birth. It was at this point that I began to start healing from the pain of rejection simply because I started accepting an alternative narrative. The video also generated very negative and hateful comments toward my birth parents. In responding to these comments, I chose to defend my birth parents. Defending their position, and how they handled the situation, allowed me to put another narrative in place of the negative one I had been holding on to my whole life. Here is an example of an interaction between me and a commenter:

> You must hate your birth parents! I hate them for you. They are evil and vile people. Who rejects their child in such a cruel way?! I'm so sorry you had to experience this pain. You seem like such a great person, and they would be lucky to know you. (Pote_345, 2017)
>
> My response:
> Thank you for your comment. It's funny, I've received so many comments from people saying I must hate my birth parents, but I don't. I chose not to hate them because hating them would mean hating a part of myself, and I value who I am too much to allow hate in my heart. I also don't think they are evil. I once thought they were horrible people but then realized that it is unfair to judge someone for one decision they made. They are allowed not to want to have contact with me. I just hated the way they handled the situation. The way they sent my letter back was very cruel so I would think I found the wrong people. But I can't say they are evil people because of one action. We've all made mistakes in our lives and done something we might be embarrassed by or wished we had done differently. I can't imagine what it was like for her to give up a baby and then go on about her life knowing some other woman is raising me. She would have had to let go of the idea of me so she could function in her life and have the loss of a baby consume her. I can imagine how emotional it was for them when they received my letter. Sometimes people don't always act rationally when they are in a heightened emotional state.

After responding to several comments, I began to feel lighter. The weight of my anger and depression begun to lift. Just as it did for me, the writing process itself can have a cathartic effect for adoptees and may result in lower stress levels and lower risks of developing stress-related mental illnesses (Pennebaker, 1997). On the other hand, the written output can serve as a

roadmap where the adoptee's thoughts and feelings can be examined and reprocessed in the open to generate new meanings and insights. For most of my life, I felt like I was unwanted and unworthy of love because someone was able to give me away. When I changed my perspective, it helped me better understand what my birth mother could have gone through. This different perspective allowed me to change my view of my self-worth. Such a process is deemed important as adoptees are prone to holding on to life narratives that are often flawed, the imagined product of an unexperienced, unremembered, or uncomprehended event (Workman, 2004). As these narratives form part of adoptees' identities and are retold throughout their lives (Goode, 2017), expressive writing can therefore help adoptees recalibrate these narratives, fill in the gaps in their identities disrupted by the adoption experience, and come up with a storyline that promotes healing from adoption trauma, peace with oneself, improved identity formation, self-esteem, and generalized trust (Kranstuber & Koenig Kellas, 2011). It is important to note that these narratives do not intend to alter or revise the adoptees' history but instead encourage positive beliefs about self and others through narratives that convey what adoptees deserve to hear and believe: they are wanted, cherished, celebrated, and loved (May, 2005).

Creative Writing as a Buffer to Pain

Although the above explains how expressive writing can help with adoptees' identity issues, it is critical to acknowledge that not all adoptees would be readily open to writing down their life narratives where they can be boldly examined and assessed. This inability to open up is viewed as an inhibitory response associated with keeping one's painful past to oneself and refusing to be vulnerable to others because of trust and abandonment issues (King et al., 2013; Pennebaker, 1997). Given this inhibitory response, creative writing may be the more appropriate writing intervention for this group of adoptees, who may prefer a less direct approach than

expressive writing. Research states that creative writing poses a less direct and confrontative space where one's thoughts and feelings can be projected onto characters, imagery, and a fictional storyline (Deveney & Lawson, 2021). I found this theory to be true when I started writing a fictional story where the main character, an adopted woman, was loosely based on me. My birth brother once told me that he felt his mother was the issue and that if she died before his father, he would introduce me to him. I love crime and mystery novels, so I thought that an exciting story idea would be an adoptee getting away with killing her birth mother to get what she always wanted, a father and brothers. When I started writing and developing the characters, it was an interesting way to process my feelings regarding the people on whom those characters were based. It was also cathartic to write about incidents that happened to me in a way that was slightly removed from the real events. I could put these big feelings on a character and unload emotions I didn't even realize I was holding on to. This type of creative exercise can help adoptees explore their innermost thoughts and feelings from a safe distance, and the associations the adoptees may have with the hero of their stories can serve as an inspiration for them to overcome their own difficulties and struggles in real life (Deveney & Lawson, 2021).

Adoptees' identity issues may also be addressed through the two-step creative writing process (King et al., 2013). The first step, which is unguided free writing, can help adoptees gain control over themselves and assess the inner chaos in their identities (Wegar, 1995). The second step, structured writing, can help improve adoptees' positive beliefs about themselves during the process of creative expression and after coming up with an output with a potential readership. When employed in group settings, creative writing can serve as a positive environment devoid of any negative adoption views the adoptees have experienced while growing up (Clapton, 2018; Potter, 2012; Wegar, 1995). This can help improve their social functioning and sense of safety

and belongingness. When I began writing my story, the ending I had in mind was one where the adoptee got her "happily ever after." She was united with her birth father and brothers, and finally got this perfect family she had always been searching for. The following is an excerpt from a draft:

> All of that had culminated into now, ten years later. Strangers had turned into family, animosities had evaporated, and all was forgiven. Everyone was getting along. They now did game nights almost every other weekend. They talked on the phone. Lucy routinely went to Brian for advice. In him, she saw a father she had never had. He listened to her, he respected her, and he offered incredible advice. Lucy couldn't help but think how different things would have been for her if he had raised her. He seemed like a wonderful person and Lucy felt lucky that she was able to get to know him and form a relationship with him.
>
> At that moment, Mark put down his dessert and stood up. He raised his glass of champagne.
>
> "Everyone, top up your champagne," he said, as Kevin (Lucy's husband) went around filling everyone's glasses up. "I want to make a toast."
>
> When everyone had settled down, he smiled. "I just wanted to say that I feel so blessed to be here among all of you today," he said, hand over his heart. "I never imagined that my family would grow by this much and I would be able to spend time with some of the most wonderful people I've ever known. Our mother's death obviously hit all of us very hard. It was the most tragic thing that ever happened. But I like to think that out of it came this beautiful and unexpected silver lining that was long overdue. A relationship with you guys — Lucy, Kevin, Sydney (Lucy's daughter) and Lenny (Lucy's son). Our family grew by four and I couldn't be happier that it did. All of us feel so lucky to have met you guys and to have welcomed you into our lives. And the way you have welcomed us into your home and spoiled us with these incredible treats. Let's just say, these last ten years have been phenomenal. And I know if Mom were here today, she would be extremely happy to see all of us together."
>
> "Hear, hear," Brian said and raised his glass.
>
> "To Mom," Mark said, raising his glass, "And to all of us."
>
> It seemed like Lucy finally had what she always wanted. A family. She had come a long way from college. The decisions she had made at twenty-two had defined the trajectory of her life. And she realized that despite the ups and downs, she wouldn't have it any other way.

When I finished the story, it was just that: finished. It didn't feel satisfying. I thought I would feel a sense of happiness when my character got what she always wanted. It was a fine ending, but it almost made me sadder than when I started. Sad because I would never get my

happily ever after like my main character did. I wasn’t happy for her; I was sad for me. Then one day, I had a chance to share my story with a group of student editors. One person said that she wasn't happy with the ending. She told me the story lacked character development. She suggested that a better way for the story to end would be to have the main character ultimately reject the birth family's desire for a relationship. Throughout the story, she finally realizes that she had been chasing people her whole life who didn't want her and made her feel like less than a person. She already had a family that loved, valued, and wanted her, and by the end of the book, she chose to protect that family rather than open her life up to people who weren't willing to fight for or love her. The family she created with her husband and children was all the family she needed.

When this person suggested this alternate ending, I instantly began crying. Yes! Of course, that is a better and more satisfying ending. I could make this new ending my own. I could accept that I didn't need to waste any more time and energy on people who didn't want me and weren't willing to fight for me. The first ending I wrote could not be my new narrative. I could not get the happy ending I thought I wanted with my birth family. Thanks to this creative writing experience, I developed a new narrative that I love and that makes me happy and content. By working through this process, I grew and changed in a way I never imagined possible. It was better than any form of therapy I had previously experienced. It was like a boulder I had been carrying around on my back had been removed. I felt lighter and happier. I felt a peace I had never experienced before, but had been seeking my whole life. How could something so simple as changing the ending of a fictional story impact my whole being so profoundly? After this experience, I began researching how writing therapies can be used as therapeutic tools. It makes complete sense to use this form of therapy with adoptees who already have so many unknowns in

their lives. The unknowns of unanswered questions, and the unknowns of unearthed emotions and thoughts, all of which can have a profound impact on mental health and self-worth. I want others to realize the potential benefits of writing interventions for adoptees' mental well-being.

Limitations and Considerations of Expressive and Creative Writing

The subject of adoption mental health has been studied for decades. However, “it would appear that many clinicians continue to be unaware of and unresponsive to adoption when it emerges in their caseloads” (Hartman & Laird, 1990, p. 221). Some adult adoptees have had unsatisfactory experiences with mental health professionals who failed to validate or believe their experiences, pathologizing adoption and failing to address the impact of early life experiences (Baden et al., 2017). Or, like my previous therapist, some mental health professionals don't recognize the need to resolve specific thoughts and feelings surrounding adoption trauma. Instead, they believe it is best to "forget about it" and move forward. This type of misguided advice could result from a lack of adoption competency, prevalent among therapists. In a study by Sass and Henderson (2000), 86% of practicing psychologists recalled having taken no courses covering adoption in their undergraduate programs, and 65% recalled receiving no adoption training in graduate school. This finding is supported by research that found that professors teaching doctorate level clinical programs spent an average of less than 8 minutes per semester on adoption, compared to more than 75 minutes on schizophrenia (Post, 2000). And yet, in America adoptees make up 2-4% of the population whereas schizophrenics make up approximately 0.3-1.6% (Stolley, 1993; Kessler et al., 2005).

Unfortunately, adoptees have reported in numerous studies that they were unable to find and access fully qualified and skilled therapists who understood adoption issues and possessed the skills to address these issues (Atkinson et al., 2013; Brodzinsky, 2011, 2013; The Annie E.

Casey Foundation, 2003; Hartinger-Saunders, 2019; Smith, 2014). In a study by McDaniels and Jennings (1997), 32 therapists received a case study about a teenager with adoption-related mental health issues. The researchers did not tell the therapists they were specifically treating a patient with adoption issues, but it was clear that the boy was adopted, and the mother wondered if his issues stemmed from that fact. This study wanted to see how many therapists would identify adoption as the issue and make appropriate treatment recommendations based on this understanding. The result of this study showed that 84.3% of the therapists did not mention any type of treatment for the adoption issues (McDaniels & Jennings, 1997).

Common themes from adult adoptees' statements on what they want from counselling and therapy include exploring implicit memories of their birth mothers, and resolving overwhelming feelings of grief. Adoptees report greater satisfaction with therapy when therapists put an emphasis on the adoption experience, compared to when therapists do not emphasize this experience (Baden et al., 2017). A narrative inquiry to explore adoptees' unique experiences and their interpretation of these life events through stories (Goode, 2017) found that adoptees have underlying and chronic trauma-related narratives worth exploring through writing interventions. When expressive writing is incorporated into therapy, high client satisfaction levels and low drop-out rates are observed (Cummings et al., 2014). This help adoptees regard therapy experience as a meaningful part of their healing and recovery (Pennebaker, 1997). Validation and empathy from the therapists was also identified as helpful components of the therapy process (Baden et al., 2017).

Conclusion

Writing interventions can be effective therapeutic tools that help adoptees heal from adoption trauma. Writing sessions help adoptees to re-story their lives by exploring the

subjective realities, meanings, and social contexts, that influence their experiences (Stokes & Poulsen, 2014). These new stories help them to embrace new meanings and insights, encouraging positive beliefs about themselves that promote growth and healing. The happy accident I experienced stumbling on the therapeutic effects of expressive and creative writing changed my life. I never imagined that writing would play such a positive role in helping me change my narrative, resulting in a major improvement in my mental health. From defending my birth mother on YouTube, to sinking my feelings into fictional characters, both forms of writing impacted me in ways that I never expected. This experience led me to this research project because I wanted to learn more about the benefits writing interventions can have on adoptee mental health. It is my hope that this paper may help other adoptees overcome their adoption-related trauma.

Chapter 4: Writing Intervention Therapy Workbook Analysis

This chapter discusses and analyzes three different writing intervention workbooks that adoptees could use on their own or with a therapist to help overcome adoption-related trauma. Whereas the previous chapter focused more on the theoretical and empirical evidence that supports the effectiveness of expressive writing and creative writing specifically for adoptees, Chapter 4 emphasizes the introductory guides and concepts of these writing paradigms, and an overview of writing sessions adoptees may encounter during these writing interventions. Following my approach in Chapter Three, this chapter also includes my personal experience with writing exercises and the impact they had on my mental health.

Write Yourself: Creative Writing and Personal Development (Bolton, 2011)

The workbook, *Write Yourself: Creative Writing and Personal Development* (Bolton, 2011), can serve as an introductory guide for adoptees to understand the principles and practices of explorative and expressive writing and its promising benefits in dealing with mental health symptoms and illnesses. It consists of three parts: (1) Part One: Creative personal writing—what, why, how, who, when, where; (2) Part Two: Writing with specific groups; and (3) Part Three: How to run groups and Conclusions. Adoptees can read these parts in any order. Still, Chapters 1 to 3 can specifically help adoptees better understand the basics of expressive writing, whereas Chapters 4 to 14 can help therapists integrate writing exercises in designing intervention programs for adoptees.

Reading this workbook can help adoptees empathize better with themselves, better understand their life experiences, and reprocess their thoughts and feelings. The shift to a creative perspective can be especially helpful for adoptees with negative views of themselves due to discriminatory social views on adoption (Potter, 2012; Wegar, 1995; Verrier, 1993). The

creativity embodied in one's writing reflects, and projects, feelings, emotions, and worldviews anchored on one's imagination and actual past experiences. This exercise can help adoptees express in writing what they could not have otherwise verbally expressed. It's worth noting that some writers naturally experience a reflective, creative state conducive to writing, whereas others respond well to encouragement, specific exercises, and exposure to art to get inspiration. The latter may be specifically helpful for adoptees who may find it difficult to write freely due to reservations and inhibitions.

Each chapter of the workbook provides discussions of writing sessions, samples as inspirations, and workshops that adoptees can use when embarking on their expressive writing journey. Different themes are covered in the writing activities, and a summary list of these exercises is provided in the appendix, sorted by themes and their corresponding explanations. One such exercises is blogging, through which the adoptee can have a chance to share their experience with unknown readers. Sharing with strangers can help find people who can relate to your experience and sharing these experiences can be healing. When I created my adoption rejection vlog, the act of sharing and hearing other's experiences was more cathartic than I anticipated (see Chapter Three). Writing dialogues and letters can give adoptees the opportunity to write their feelings to a birth parent. I tried this exercise and it helped me to process the resentment I felt towards my birth father. This is the letter I wrote:

> Dear Birth Father,
>
> I have spent the past 25 years wondering why you didn't want to meet me, and it has left me with many unanswered questions. When you and your wife decided to reject me the way you did, did you not stop to think that I was a person with feelings, and by sending my letter back to me empty that you would kill a piece of my soul? I have never gotten over that devastation. It left me broken. All I wanted was the opportunity to thank you for giving me life, and to tell you I didn't hate you, and that I'm doing okay. I wanted to ask you a few questions so I could know about where I came from. And you took that away from me.

> When you sent me out in the world, did you not think I would ever want to find you? Did you never want to find me? Did you ever wonder how I was doing? To this day I still don't understand why you don't want to know me. Your children want to know me but are too afraid to disappoint you. Why would wanting a relationship with me be such a bad thing?
>
> When I met my brother, your son, he repeatedly said, "My dad would love you. You are the child he always wished my brother and I were." It's funny, I've always loved fishing, camping, and building things, but my parents never took me fishing or camping or showed me how to build things. I often wondered where I got my love of the outdoors and my talent for building and fixing things, and it turns out that I got those things from you. And you would love that about me.
>
> I often wonder what it would be like if you were in my life. Would we have a relationship like I've seen in other families? Would you be proud of me and help me with the important decisions in my life? Would you be the father I've always wanted? Because the father I ended up with didn't want me. In fact, I suffered unspeakable cruelty at his hands. I always wanted a dad who would teach me things and love me unconditionally. And I know you will never be my father. But what breaks my heart the most is I think you would have been a good dad to me. I think you would have liked having me as your daughter.
>
> The reason I am even bothering taking the time to write this letter is to tell you that I am angry at you. Angry that you didn't fight for me. Angry that you didn't want to know me. Your son thinks that if his mother dies before you that you will want a relationship with me. If that is true, then I am sad for you because you missed out on so many years with me. You missed out on seeing my kids grow up and become the amazing people they are. I want to have compassion and understanding for you but right now I can't. Right now, I just want you to know that you hurt me, you devastated me, and I'm angry with you.
>
> Sincerely,
>
> The daughter you never had

Before writing this letter, I never realized that I had such anger toward my birth father. My anger was always directed at my birth mother. I felt that she was the reason they rejected me. And maybe she was the reason for the rejection, but he was still a part of it. He didn't love me enough to fight for me. To fight for the chance to get to know me. And I'm angry. I'm still angry. I will never send this letter to him, but it was nice to put into words the feelings I didn't even realize I had toward him.

By providing a variety of writing exercises (e.g., blogging, writing letters, poetry), adoptees can easily find something in the workbook that interests them. When completing the

exercises, I found myself drawn to letter writing. It was a way for me to say what I wanted to say to the people I wrote the letters to. Other themes in this book, such as writing to one's inner child, can be particularly helpful for adoptees with lingering painful childhood memories who seek closure and healing from these experiences. Here is the letter I wrote to myself using this exercise:

> Dear Little Laura,
>
> I know that life can sometimes be confusing and hard, but I want you to know that you are loved and wanted, even if it doesn't always feel that way. You may not be able to see it now, but you are an important part of the world. You will grow up to find a supportive husband who loves you unconditionally. You will have two beautiful children who are kind, caring and compassionate because of you. You make your children feel loved, wanted, and secure because you know what it is like to feel the opposite, and you never want that for them. You are an amazing mom because of the life you lived. If you hadn't experienced the pain and heartaches you did, you would not be the person you are today.
>
> Despite the circumstances of your adoption, you should know that you were not rejected. Your birth parents wanted the very best for you, and they believed that they were sending you to a family that could provide you with a safe and loving home. Your birth mother shared her body with you for nine months so she could bring you into this world. She gave you life because you are meant to be here.
>
> You are not worthless. You are valuable and worthy of love. Although life may have been difficult at times, I want you to know that you are strong and capable. And even though it doesn't feel like you'll be able to survive the shit that life throws at you, you will. You have the courage and resilience to overcome any obstacles that come your way. You have a unique story and perspective that will shape your life in beautiful ways. I hope you can find comfort in knowing that you have always been wanted and are now surrounded by people who love you unconditionally. You are never alone.
>
> Love,
>
> Laura

Writing this letter was similar to writing affirmations where you list the things in your life for which you are grateful. It was a nice reminder that I am who I am today because of the things I experienced. I have a great relationship with my children because I focus on making them feel secure, loved, and wanted. The insecurity I faced led me to build a secure home for my family, which includes a secure home for me. Reminding myself of where I was to where I am today is something that I can look back on when I need that reminder.

Other activities in the workbook, such as writing about dreams, can help adoptees reveal their visions for the future and empower them to believe that they are in control of where they're going in their lives. This theme can encourage adoptees to author and design their future selves based on their improved self-worth and identity. Writing about emotions can help adoptees reprocess many of the common issues that adoptees seek help for, including overwhelming feelings of grief, loss, shame, guilt, and rejection (Baden et al., 2017). Writing to a dead person can be therapeutic for adoptees who are grieving the loss of a loved one, to put closure to unresolved issues they may have with the person. As a patient who benefited from creative writing explained, the writing exercises allowed them to revisit their painful experiences safely (Bolton, 2011). In this book it has been described as reminiscent of a rollercoaster ride which may be terrifying, but the seatbelts and safety checks ensure that the entire ride will be safe.

Bolton's book notes that the most painful experiences can be the hardest to express. Adoptees who may be keeping traumatic thoughts to themselves may find solace in creative writing, finding the words to express their painful memories and making peace with this part of their life stories. Questions like "what do you want and what's stopping you from getting this?" and "who and what could help you?" are integrated into some of Bolton's writing activities, which could prompt adoptees to dig deeper into their thoughts and feelings and uncover meanings and insights they may not be aware of. Prompts such as, "write on how you felt then and how you feel about it now," can also help bring awareness to shifts in perspective and track progress toward new meaning. The adoptees as writers serve as the first reader of their work. Unlike verbal communication, where words disappear into thin air after being uttered, their written output can serve as a compass for them to track their journey and healing.

The creative writing exercises in Bolton's workbook emphasize the writing experience, the written output, and the relationship between the therapist and the client as a precursor to a fruitful session rather than on the technicalities of formal and structured writing. Since the workbook focuses more on creative writing and a variety of themes, this may especially be helpful among adoptees who, with fictional writing as a buffer, may prefer a less confrontative approach in connecting with their inner selves.

Solution-Focused Narrative Therapy (Metcalf, 2017)

The workbook, *Solution-Focused Narrative Therapy* (Metcalf, 2017), combines the basic principles of solution-focused therapy and narrative therapy. This combination posits that clients are the expert in their lives, that they are capable of finding solutions to their problems, and that they can re-author and recalibrate their life narratives.

The narrative therapy element of this workbook can help adoptees evaluate their discourse, thoughts, and behaviours concerning their life stories. Such an evaluation will determine whether the life stories adoptees cling to contribute to the worsening or the resolution of their problems. This exercise can lead to the realization of the adoptee's values in life. Dissatisfaction and barriers to happiness are believed to come from life narratives that are not aligned with those values. Given this, reconstructing narratives according to one's values can help adoptees better understand and reclaim their identities and authenticity.

On the other hand, the solution-focused therapy element can help adoptees focus more on their capability to devise solutions to their problems. The core principle of this approach is to help clients realize and remember that they are very much capable of solving their problems. This belief in one's inner capacity is often lost when one is overwhelmed with negative feelings and circumstances. The therapist then acts as a coach in helping clients regain their confidence

and formulate solutions to their concerns. When employed specifically among adopted clients, prompts such as, “what are your best hopes?”, can help adoptees determine their therapy goals shift to a solution-focused perspective.

In Metcalf’s workbook, adoptees are also prompted to answer questions like, “what would it look like if you had rebuilt yourself?”, and “what would you want to be different and in what context?”. These questions help them delve deeper into how they would want to reconstruct their life stories. This is manifested in the writing sessions where adoptees can rewrite their stories using only the characters, dialogues, and plots aligned to their desired outcomes. Such reconstruction can help adoptees see more possibilities ahead of them instead of clinging to problem-saturated narratives that hurt their well-being. When I initially started working on my manuscript, I wrote what I felt was my ideal ending (see Chapter Three). Realizing the ending didn’t feel satisfying, I changed gears and wrote not only a more satisfying ending but one in which I was in control. I wasn’t waiting for my birth family to finally want me and accept me with open arms. Instead, I finally discovered that I don’t need them, and in fact, I have always had a family who wanted me and loved me unconditionally. I will share that excerpt below but first I need to give you a brief explanation of what happened in the story leading up to the ending:

> [After Mark dumped Lucy (see Chapter Three excerpt), Lucy decided to write a mystery novel where the adoptee kills her birth mother to get her out of the picture so she could finally get her happily ever after with her birth brothers and father. When someone murdered Donna, Lucy’s birth mother in real life, her brother told the police he felt that she was the killer. It seemed too coincidental that Lucy wrote a best-selling book detailing the murder of her birth mother, and then her birth mother in real life dies in a similar fashion. Lucy was devastated that her birth family suspected her of such a crime. Her novel was simply a piece of fiction, and she wasn’t a murderer.
>
> After the police exonerate Lucy and months had passed, her brother Mark called her to tell her he wanted to have her in his life. Now her birth family want a relationship with her when it is easy for them. Lucy finally realizes that she can’t have a relationship

> with her birth family. The people who believed she was capable of murder and who were never willing to fight for her when Donna was alive.]
>
> She [Lucy] had an amazing family, one who accepted her wholeheartedly and unconditionally, one who would do absolutely anything for her. One who *had* done absolutely everything for her. The least she could do was put them first. Lucy finally had a choice when it came to her relationship with her birth family. Maybe she always did, and she just didn't realize it. This time she was going to choose right.
>
> Lucy spoke into the cell phone as she watched her family enjoy themselves in the rising sunlight, "Mark, I appreciate this offer, I really do, but I have to say no. I've got all the family I need right here. I wish you, and your family, the best. Good luck."
>
> "Oh. Okay." Mark seemed stunned.
>
> "Merry Christmas, Mark." She hung up the phone and walked back toward her family. They gathered around the tree, everyone sipping their drinks. Lenny shouted in joy when he opened each present. Kevin cracked his jokes. Sydney laughed. Lucy smiled as she held her family close.

This ending was more satisfying than the ending where Lucy got her happily ever after. The ending where I got the relationship with my birth family can never be. I can never make that happen if the people involved don't want it to happen. The ending to the story that I wrote above can happen. I can choose to realize I have an amazing family, and they are all the family I need. I no longer long for my birth family the way I did before I wrote this story. So many unresolved feelings I had before writing I resolved with the exercise of developing these characters. I am living my happily ever after right now; I just didn't realize it before writing it into reality.

Even though I did my therapeutic writing work alone, some adoptees may want to work on writing exercises with the help from a therapist. When therapists engage with this workbook, it is essential that respect and psychological safety are consistently maintained during sessions, especially when they ask adopted clients to answers difficult questions. It is critical for adoptees to fully understand that dissecting the negative traits, habits, descriptions, and actions that may accompany the narratives they currently have about themselves is a crucial step toward determining which of these factors could be contributing to their problems. From the perspective

of solution-focused therapy, this is also where adoptees' special skills, values, and beliefs are acknowledged as factors that strengthen their resilience in handling traumatic experiences. These positive elements are emphasized to encourage adoptees' positive beliefs in their inner capacity to resolve their issues and difficulties. As the therapy sessions progress, asking, "what did we do in here that might have been helpful to you?" can also help adoptees identify positive strategies and develop coping mechanisms.

It is important to note that unlike the other workbooks discussed in this section, Metcalf's *Solution-Focused Narrative Therapy* discourages revisiting traumatic events in detail unless the client initiates, to avoid retraumatizing them. Instead of writing and discussing the specific details of one's adoption experience, the focus is shifted instead to the adoptees' strengths and resilience, which they often do not recognize on their own, and help them see themselves as survivors who can generate solutions and possibilities amidst difficult life situations. Adoptees who may have experiences related to emotional abuse and neglect may find prompt questions from Metcalf's workbook helpful, such as "as you think back to the times in your life when you did not get what you needed from your parent or guardian, tell me what he/she should have noticed about you." These exercises can help adoptees focus more on their positive qualities and not let negative experiences invalidate those positive aspects of the self.

The reconstruction of life narratives can help adoptees develop new descriptions of themselves that support their well-being and empower their capacity to find solutions. These exercises will also encourage adoptees to see negative life events as chapters in their life stories, instead of magnifying them as experiences that define their worth and essence.

Expressive Writing: Words That Heal (Pennebaker & Evans, 2014)

The workbook, *Expressive Writing: Words That Heal* (Pennebaker & Evans, 2014), has three parts. Part I focuses on the beneficial effects of expressive writing in alleviating trauma, emotional problems, and similar mental health issues. Part II provides a guide on how to experiment with writing to break mental blocks, appreciate the good in bad situations, edit one's life story, and change perspectives and contexts using creative writing (e.g., fiction, poetry, dance, and art). Part III details a six-week expressive writing intervention program encompassing different writing styles and forms to help alleviate distress and mental health problems. Adoptees facing mental health issues related to emotional functioning, depression, and trauma can benefit from following this program. This comprises the remaining seven chapters of the book, and each chapter provides a writing exercise designed for one week of writing sessions.

The first week of the program focuses on expressive writing, where adoptees will be prompted to write for twenty minutes a day, for four consecutive days. The first two days of writing are usually about the same topic, but in the remaining two days, adoptees are encouraged to shift to a different perspective in looking at the same topic. They are encouraged to be authentic in expressing their deep issues and vulnerabilities but are also reminded to wrap up a meaningful story that they can take with them into the future. For this exercise, I decided to write a letter to myself from my birth mother. I had been writing about my feelings surrounding being rejected and dwelling on not knowing why I was rejected. Sometimes I live so deeply in that pain that it can suck me into another period of depression. After posting my adoption rejection story on YouTube, birth mothers started trying to help me understand why my birth mother may have reacted the way she did (see Chapter Three). Using the knowledge from these women, I began to write the letter from my birth mother to me:

Dear Laura,

I am writing to you now to give you the closure I should have given you all those years ago when you first contacted me. You were born in the early hours of the morning. The sun had just begun to rise when the sound of your little cry cut through the stillness of the morning air. In the small, dark room, I lay in a bed, exhausted, and overwhelmed with emotion. I had just given birth to a beautiful baby girl, but it was a bittersweet moment. I knew I could not keep you. How could I keep you when I was still a child myself? I knew I couldn't give you the life you deserved. I gave you up so you could be with a stable and loving family. People who could give you all the things you deserved.

After I gave you away, I fell into a deep depression. I could barely function, and I didn't know if I could continue living without you. I had to pretend that you died at birth so I could go on. I had to grieve you, and I didn't know how to do that, knowing you were still alive. So, my sweet girl, I had to accept the fact that you died so I could mourn your loss and then try my best to live a life without you.

I know I hurt you the way I rejected you when you first made contact, and for that, I will be forever sorry. You will never know the regret I feel surrounding that decision, but I was in shock when I read your letter. How could a baby who died 22 years earlier write to me now? My heart couldn't process it, and my brain could not accept that you wanted answers. I could not bring myself to write to you because that would make you real, and the reality of you would break me.

All these years later, I can still feel the pain of your loss as if it was yesterday. I have never fully healed from my grief and sorrow, and I will never be able to open that wound again. I am so sorry that I can't be a better person to you now. You deserve so much more than a woman who is incapable of knowing you. I know you have so many questions and want answers about your past and where you came from. I am including a document with all our family medical history and anything I know about your ancestry. But please understand that this will be the last letter from me.

I can't be the woman you wish I were. I cannot breathe, I cannot move, I cannot function knowing that I lost so much time with you. My inability to be in your life has nothing to do with you. You are an amazing soul that I'm so grateful I brought into this world. I have never, for one second, regretted giving you life. You are special, you are beautiful, and you are loved. I am sorry.

With love,
(Her Name)

An unexpected thing happened after I finished this letter. It gave me a weird form of closure that I didn't anticipate. I expected to write compassionately and with an understanding of what she may have been feeling, which I did. But once I ended the letter, I realized this is probably the only closure I'll get from her. My acceptance of what happened had to come from what I learned from other women and what I choose to believe about her. I choose to believe that her rejection wasn't personal but rather an inability for her to emotionally handle having a

relationship with me. I will never get the real answer, so I am choosing to believe she regretted how she handled the situation, that she loves me, and she is sorry. The end.

Like it did for me, this expressive writing activity can help adoptees deeply connect with themselves and generate insights from their traumatic experiences. Adoptees may be unaware of new realizations and values and can be brought to consciousness through this writing exercise. Feelings of sadness are reportedly common after writing sessions, but usually go away in about an hour. However, the cathartic experience brought about by the writing exercise can be beneficial in helping adoptees ease any preoccupation with unresolved past experiences and incomplete early life stories.

The second week of Pennebaker and Evans' program emphasizes transactional writing, where adoptees can exchange thoughts, beliefs, and feelings with themselves. This writing can be in the form of a letter of compassion, empathy, or gratitude to their former selves, future selves, or another aspect of themselves. This exercise can help adoptees acknowledge their positive traits and qualities and lessen the feelings of shame, guilt, and rejection they may have due to adoption trauma.

Poetic writing is the third week's focus in this workbook, and it can help adoptees with mindfulness and mind/body connections. This activity includes a short mindfulness breathing exercise that can teach adoptees how to anchor themselves in the here and now, instead of ruminating about the past or getting anxious about the future. This step is followed by reading a short poem to serve as an inspiration for writing. The writing activity proper can help adoptees increase their self-awareness by writing a poem about a specific topic to potentially uncover how they feel. Reflections from this writing exercise can help adoptees be mindful of their thoughts and feelings surrounding the chosen topic. I was going to skip this exercise because I hadn't

written a poem since high school. I do not have a talent for poetry, so I felt this exercise would be lost on me. But I decided to go ahead and complete the exercise despite initially feeling silly. I decided to write an acrostic poem because that style would be easiest for me. I began by sitting and being mindful of what I wanted to write about and how I wanted the poem to unfold. I picked the words *adoption trauma* to use for this poem. I wanted to move from dark and depressing to light and hopeful. I wanted to take the reader on a journey from where I was at my darkest to where I ended up after putting in the work. Here is the poem I wrote:

Abandoned and rejected
Desperate to find answers
Overwhelming sense of loss
Picking up the pieces
Tormenting my soul
Intense longing to belong
Optimism slipping away
Never feeling wanted

Tireless work to mend
Resilience and hope
Allowing myself to heal
Understanding and acceptance
Metamorphosis of the mind
Acceptance

I am no poet, but I really like this poem and enjoyed this exercise more than I expected. This poem fills me with hope. It describes my journey in a beautifully simple way. I would highly recommend adoptees try writing poetry. The freedom to express your thoughts without telling a whole story is cathartic.

The fourth week in this workbook is about storytelling, which involves three steps: reading a story, commenting on the story, and writing an original story. This can help adoptees express their creativity and imagination and realize the many possibilities there are to life instead of dwelling on a unidimensional perspective. The association with the story's protagonist can

also empower adoptees to regain their strength and improve their self-esteem in the same way writing my manuscript helped me.

The affirmative writing in the fifth week of Pennebaker and Evans' workbook entails personal and emotional writing, and can help adoptees convey their emotions using affirmative self-language. This activity encourages them to use positive language to connect deeply with themselves and describe their strengths, goals, and aspirations. Writing in the first-person point-of-view in the present tense, this exercise is also referred to as "writing it forward", as it encourages writing about qualities one desires. This exercise can therefore help adoptees visualize and manifest the traits, qualities, and behaviours they want to achieve for themselves as they work through healing from adoption trauma.

The last week of the six-week writing intervention program focuses on legacy writing. There are three topics that adoptees can choose for this writing exercise: Legacy Blessing, Legacy of Gratitude and Joy, and Legacy Narrative. Legacy Blessing can be helpful for adoptees who may wish to write for someone who contributed to their happiness, well-being, and prosperity. The second option can be a good choice for adoptees who want to express gratitude and joy toward a specific event or life experience. The last option is for adoptees who may prefer writing a short story about themselves to answer questions such as how something important changed their lives; how they handle expectations, challenges, frustrations, and things they look forward to in the past and in the now. Although this is already the last week of the writing sessions, the book specifically mentions that writers can repeat these exercises as often as desired as long as it benefits their mental well-being.

Conclusion

By engaging in writing intervention programs using workbooks, adoptees have the safe space they need to pay attention to their thoughts and feelings, especially those rooted in early negative life experiences related to adoption. These programs also serve as training in reframing life experiences using affirmative self-language, highlighting adoptees' strength and resilience. The writing sessions can be continued regularly to sustain the positive effects and benefits adoptees have gained.

CONCLUSION

Early negative life events surrounding one's adoption experience can adversely affect an adoptee's mental well-being. Despite the noble intention of adoption in helping adoptees find loving homes they certainly deserve, it cannot be denied that the early exposure to stressful events, transfer of care, and lingering feelings of grief, loss, and rejection can cripple adoptees' lives. These vulnerabilities are worsened by society's negative language and views on adoption that taint adoptees' self-worth and social functioning. The combination of these factors influences how adoptees construct their life stories and narratives. These narratives can be flawed, tainted, or incoherent, and contribute to worsening mental health. Reconstructing these narratives through writing interventions has promising benefits for the mental health issues adoptees commonly experience. Expressive writing can help adoptees reprocess their past experiences towards developing a new perspective that improves their self-esteem, self-worth, and identity formation. This writing tool can also help alleviate the symptoms of depression, anxiety, and lingering negative feelings related to shame and rejection, which are among the top presenting problems of adoptees seeking professional mental help.

Creative writing intervention can also help reprocess adoptees' traumatic past experiences using creativity and imagination. This writing paradigm offers a less confrontative approach to dealing with painful memories by allowing adoptees to project their innermost thoughts, feelings, and emotions onto characters, dialogue, plot, and imagery. Both writing interventions can help adoptees listen empathically to their feelings, recalibrate their self-language to be kinder to their wounds, deconstruct the negative life narratives they have developed while growing up, and reconstruct new life stories and narratives that encourage positive views about themselves. Cathartic experiences from both writing interventions also help

put closure to painful experiences adoptees may have towards a specific person or an event. In looking back at their painful memories, the writing sessions can serve as a safe space where adoptees can express how they felt during early life events when they were too young to articulate themselves verbally. Writing in group settings can also foster a psychologically safe environment free from social judgment and stereotypes to help improve adoptees' social functioning.

Adoptees can engage in expressive and creative writing by using workbooks with or without the assistance of a therapist or a counsellor. In clinical settings, the writing sessions can serve as adjunct therapy integrated into intervention programs designed for adoptees. The writing activities can also serve as an extension of therapy sessions to help adoptees navigate stressful situations and process difficult emotions between clinic visits. This writing is found to help reshape unwanted behaviours and strengthen resilience to distressful events.

In addition to the lived experiences I shared in the previous chapters, the creative component of this research in the form of a novel provided a parallel investigation into this topic. It illustrated firsthand the researcher's experiences as an adoptee who struggled with adoption-related mental health issues. The novel provided an encompassing presentation of an adoptee's journey toward recognizing adoption-related trauma and how revisiting painful memories through writing interventions paved the way to healing and recovery. I explored specific writing techniques in the manuscript to demonstrate writing styles that significantly contribute to therapeutic outcomes.

Evidence presented in this research highlighted the importance of recognizing expressive writing and creative writing interventions as effective therapeutic tools in helping adoptees heal and recover from adoption trauma. Both writing paradigms open doors to multiple opportunities

and perspectives adoptees can explore in reprocessing their early life experiences, generating new values and insights, and improving their self-worth and identity. The writing interventions can help adoptees reclaim their strengths and recognize themselves as individuals capable and worthy of beautiful and affirming life narratives.

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Appendix

Appendix A: Non-Identifying Birth Family History

Dear Laura:

The following information is taken from the records of the Children's Aid Society and will include all non-identifying information to you in accordance with the 1987 adoption disclosure legislation.

Personal History

Records indicate that you were born at 4:51 hours at the X Hospital on May 6, 1975, following a full-term pregnancy which was terminated by a 19-hour labour and a spontaneous delivery. You weighed 7 lbs, 11 oz and were 56cm in length. You were fed an Enfalac formula. Your birth parents gave you the name Cathy.

On May 20, 1975, your birth mother signed a consent to adoption form, rather than going to court, which set in motion adoption plans for you after the 21-day revocation period elapsed.

Dec. 1975, your adoptive parents signed the necessary documents to finalize your adoption. The adoption order was signed by a judge on Dec. 19, 1975

Maternal History

Your birth mother provided the following information during an interview with a worker from our agency.

Your birth mother was a single 17-year-old when you were born. She was born in 1957, and was Roman Catholic of French and Scottish descent. She was described by the worker as being 5'6" tall, weighing 125 lbs, with a medium build, green eyes, brown hair, freckled

skin, small features, a round face and a ready smile. She dressed casually, presenting a neat, pleasing appearance.

She was a cheerful, happy-go-lucky girl who was easy to get along with and was well-liked by adults and her peers. The worker reported that she was a very kind, considerate girl with a gentle manner, a delightful sense of humour and was straightforward with people she liked. If she became angry, she would walk away by herself in order to calm down.

Your birth mother was soft-spoken, shy, modest, sincere and serious about things of importance. The worker noted that her interests included swimming (she had her 5-star and intermediate swimming) and working with disabled children.

Your birth mother was a Roman Catholic, yet she did not object to having you brought up in another faith, so she signed a waiver of religion to this effect.

Your birth mother was very industrious; since she was still a student, she had no work experience. She was of average intelligence with a grade 11 education. She hoped to continue with school and become a nurse. Although she had been anemic and had her appendix removed, she enjoyed good health generally and was then on no medication.

Her father was in his late thirties French descent. Your birth mother described him as 6' tall, 183 lbs, with dark brown eyes and black hair. He was intelligent, with a grade 12 education and worked as a chemist. His interests included curling, golf and reading. Except for a previous bout of hepatitis, he was in good health.

Her mother was in her mid-thirties, a Protestant of Scottish descent. She stood 5'6" tall, weighed 154 lbs and had blue eyes, light brown hair, and a fair complexion with freckles. She liked to curl, bowl and read. She was of average intelligence with a grade 11

education and worked as a clerk cashier. At the time, she was in good health, but as a child had rheumatic fever, then hepatitis and yellow jaundice in her mid-twenties. Your birth mother was the oldest of 7 siblings, having four sisters and two brothers.

Paternal History

The following information was provided by your birth father.

He was a 5'10 ½ " tall, 160 lbs muscularly built 17-year-old teenager. He had very fair colouring, blond hair, reddish sideburns, blue eyes, very freckled, fair skin and prominent features. He dressed casually, presenting and masculine but neat appearance.

Your birth father was a modest, shy, but good-natured young man who was not -easily influenced when he felt he was in the right. Your birth mother described him as being kind, gentle, considerate, yet stubborn.

He had leadership qualities and met responsibilities well, formed his own opinions and stuck to his word. He was generally serious and sincere yet had a sense of humour and could clown and get people to laugh at him to hide his shyness. He stated that he could get mad but controlled his temper and seemed to have a strong sense of fairness. His interests included playing the bagpipes, playing basketball and football.

During this time, he was in grade 11 and was planning to complete grade 12 and then attend college for specialized training. He was a hard worker who spent three summers training as an army cadet, and he also did some part-time landscaping.

He was generally in good health but suffered from migraine headaches occasionally, but this condition did not handicap him. He had many sport-related injuries, various breaks and sprains. He also developed arthritis in his ring finger during the previous winter.

His father was in his late 40's, was 5'8" tall, weighed 170 lbs, and had sandy hair, blue eyes and a fair complexion. He was of Scottish ancestry and was of the Protestant faith. He had a grade

12 education and was an industrial supervisor. He had been an officer in army cadets, taught Scottish Country Dancing and was involved in the Boy Scouts. He had had two hernias caused by strain but otherwise was healthy.

His mother was in her late 40's, was 5' 2" tall, weighed 140 lbs, and had brown hair and blue eyes. She was a Protestant of English and Scottish origin. She was intelligent and had worked in an office and as a seamstress. Her interests included cooking, sewing, and Scottish Country Dancing and was involved with Girl Guides. Her health was good, but when she was nine years old, she had scarlet fever and a few years prior to your birth, she had had hives.

Your birth father had an older sister and a younger brother.

Laura, we sincerely hope that this non-identifying information has provided you with a better understanding of your history and aided in answering the questions you were in search of.