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When Adoption Shows Up in Adult Trauma Work

Lifespan Loss, Meaning-Making, and the Clinician's Blind Spot

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Full framework, instrument inquiry, and resources
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WHY THIS BELONGS HERE

Adoptees are 2 to 3 percent of the U.S. population and are heavily overrepresented on mental health caseloads. Every clinician in this hall has worked with adoptees. Most did not know it, because adoption rarely appears on an intake form, in a trauma assessment, or in clinical training.

5 to 15× overrepresented in mental health settings
Brodzinsky, 2013; Juffer & van IJzendoorn, 2005

2× the odds of seeking mental health services
Keyes et al., 2008

4× more likely to attempt suicide than non-adopted peers
Keyes et al., 2013

0.30 Hedges' g, worse psychological adjustment in adult adoptees
Corral et al., 2021, meta-analysis, n > 2.6M

Not because adoption causes disorder. Because the field has not learned to treat what adoptees carry.

METHOD

Interpretative phenomenological analysis (Smith, Flowers & Larkin, 2009). Semi-structured interviews of 60 to 90 minutes across five domains: identity, belonging, family connections, symbolic markers, and adoption worldview. Double-coding on 30 percent of transcripts.

15 Participants	**43 to 62** Age range
11 Women	**4** Men

THE LOSS IS STRUCTURAL

Relinquishment severs the original attachment before the child has language for it. Genealogical discontinuity removes biological mirroring, medical history, and narrative origin. These losses are present whether or not the adoptee calls them grief, and the gratitude narrative that surrounds adoption disenfranchises them (Boss, 1999; Doka, 2002).

Limitation: sample predominantly white, domestic, same-race, middle adulthood.

Adoption grief doesn't resolve. It reactivates across the lifespan.

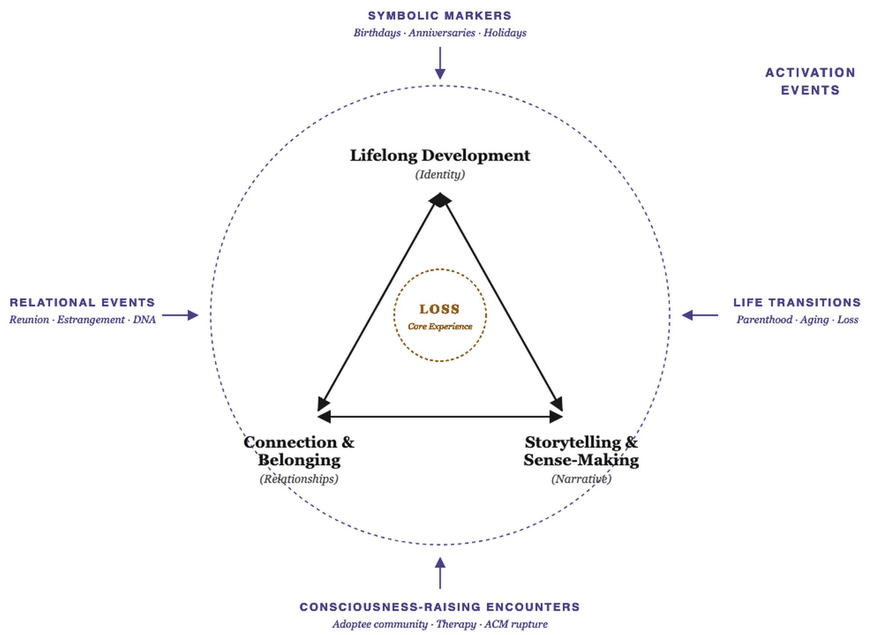
14 of 15 described identity work still active in midlife. Loss returned at milestones, reunion, parenthood, and medical appointments.

ACTIVATION EVENTS

Milestones · Reunion · Parenthood · Medical visits · Parent's death · Aging

The Adoption Lifespan Framework

An activation event disrupts the settled arrangement. Identity, belonging, and narrative then cycle around a foundational core of loss until a new settlement forms.



RESPONSE PATHWAYS

Mediated by relational safety, communicative openness, access to information, and support

Cyclical Integration	Arrested Processing	Avoidance / Suppression	Narrative Collapse
Deepening coherence over time	*Stuck in one dimension*	*Loss deflected; cycle does not engage*	*Story disconnection; relational rupture*

Full architecture and instrument inquiry at adopteeresearch.org

WHAT ADOPTEES DESCRIBED

15/15	Adoption is loss, and the culture will not let you say so
14/15	Identity work is never finished. It recurs into middle adulthood
14/15	The search for origins is a necessity, not a symptom
13/15	Belonging is the wound carried into every room
12/15	Anticipating abandonment inside close relationships

> *I've spent my whole life trying to be grateful enough that I didn't have room to be sad about it.*
> Participant 7, on the gratitude bind

6 of 15 spontaneously described therapy in which adoption was never named.

WHAT TO CHANGE IN PRACTICE

INTAKE
Ask about adoption in adult trauma intake, regardless of client age.

MARKERS
Assess symbolic markers as activation sites: birthdays, milestones, medical visits.

LANGUAGE
Use loss-normalizing language. Adoption grief is not pathology. Treat it as ambiguous loss.

GRATITUDE
Name the gratitude bind. Reinforcing rescue narratives extends the silence.

IN SESSION
Ask when the loss last came back, not whether it was resolved.

Boss (1999) · Brodzinsky (2013) · Corral et al. (2021) · Doka (2002) · Grotevant (1997) · Juffer & van IJzendoorn (2005) · Keyes et al. (2008, 2013) · McAdams (2001) · Neimeyer (2001) · Smith, Flowers & Larkin (2009)

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