TRF BOSTON TRAUMA CONFERENCE — POSTER SESSION 2026

When Adoption Shows Up in Adult Trauma Work:

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

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5–15×

overrepresented in mental health settings

Brodzinsky, 2013; Juffer & van IJzendoorn, 2005

2×

the odds of seeking mental health services

Keyes et al., 2008

2–3×

elevated suicide risk in population studies

Scandinavian registry studies

Not because adoption causes disorder — because the field doesn't yet know how to treat what adoptees carry.

WHY ADOPTION SHOWS UP IN TRAUMA WORK

Adoptees are not rare clinical presentations. They are approximately 2–3% of the U.S. population — and they are significantly overrepresented on mental health caseloads. Every practitioner in this room has seen adoptees. Most have not known it, because adoption rarely appears in intake forms, trauma assessments, or clinical training.

Adoption begins with loss — always.

Relinquishment severs the original attachment before the child has language for it. Genealogical discontinuity removes biological mirroring, medical history, and narrative origin. These are structural losses — present whether or not the adoptee names them as grief.

This loss does not operate like acute trauma. It operates like ambiguous loss (Boss, 1999) — unresolved, recurring, and socially unacknowledged. The gratitude narrative that surrounds adoption disenfranchises adoptee grief (Doka, 2002), making it harder to name in clinical settings.

Ambiguous — The birth family exists but is absent. The loss has no body, no funeral, no social acknowledgment — it resists closure (Boss, 1999)

Denied — Adoption culture insists on gratitude. Clinicians who reinforce this narrative disenfranchise grief before the session begins (Doka, 2002)

Recurring — Not resolved in childhood — reactivated at milestones, reunions, parenthood, secondary losses. Each activation reopens the original wound

WHAT THE EVIDENCE SHOWS

55.7% of adoptees reported belonging as an ongoing struggle

Zubov (PEAR), 2026 — community sample

0.30 worse psychological adjustment in adult adoptees vs. non-adopted adults

Hedges' g · Corral et al., 2021 — meta-analysis, n > 2.6M

6/15 spontaneously described therapy in which adoption was never named

Present IPA study, 2026

4× more likely to attempt suicide than non-adopted peers

Keyes et al., 2013

Adult adoptees present for trauma treatment without adoption identified as clinically relevant. Their losses are misread as attachment disorders, personality pathology, or family conflict — because most trauma training does not include adoption.

ADOPTION-COMPETENT COUNSELING — COMING SOON

A six-module continuing education curriculum for LPCs, LMHCs, social workers, and graduate trainees — grounded in the LRMF.

adopteeresearch.org

RESEARCH QUESTIONS

How do adult adoptees describe adoption-related loss across their lifespans?

What meaning-making processes do adoptees use in response to activation events?

What do adoptees identify as gaps in clinician understanding?

METHOD

IPA (Smith, Flowers & Larkin, 2009). 15 adult adoptees, ages 43–62. Semi-structured interviews 60–90 min across five domains: identity, belonging, family connections, symbolic markers, adoption worldview. Double-coding on 30% of transcripts.

15	43–62	11	4
Participants	Age range	Women	Men

RESULTS — IPA THEMES

THEME 1
Adoption is loss — and the culture won't let you say so
15/15 — gratitude narrative as disenfranchising force

THEME 2
Identity is never finished
14/15 — recursive identity work into middle adulthood

THEME 3
Belonging is the wound carried into every room
13/15 belonging struggle · 12/15 abandonment anticipation

THEME 4
The search for origins is a necessity, not a symptom
14/15 — genetic mirroring; reunion complexity near-universal

THEME 5
We know what would have helped
8/15 adoption-competent training · 12/15 early honest disclosure

PARTICIPANT VOICE

> *"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

DISCUSSION

Participants describe adoption-related loss as persistent structural condition, not historical event — consistent with LRMF architecture. The gratitude narrative suppresses both clinical presentation and self-referral.

Symbolic markers — birthdays, milestones, medical appointments — function as recurring activation events, distinct from standard bereavement and absent from most trauma intake protocols.

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

CLINICAL IMPLICATIONS

INTAKE Adoption history should be standard in adult trauma intake regardless of client age.

LANGUAGE Loss-normalizing language reduces misattribution — adoption grief is not pathological.

TRAINING Address the gratitude bind; reinforcing rescue narratives extends disenfranchisement.

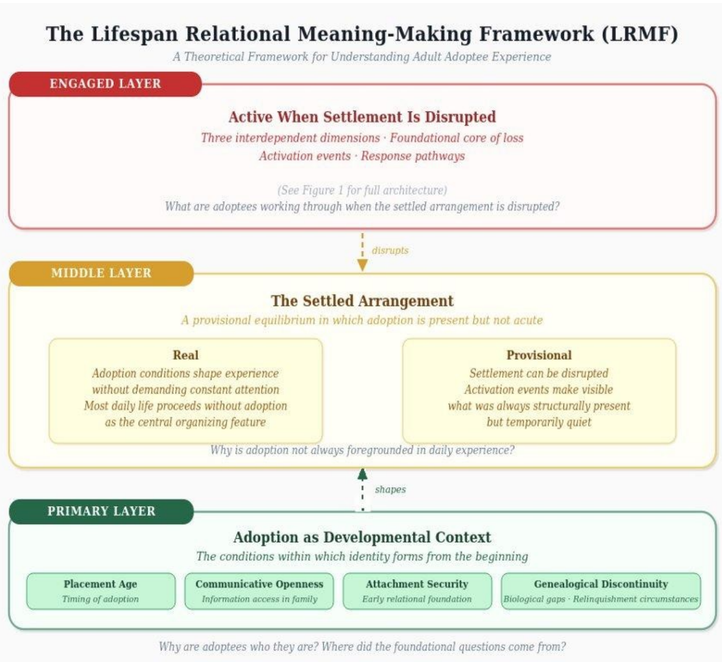
MARKERS Assess symbolic markers as activation sites — birthdays, milestones, medical visits.

THE LRMF — ENGAGED LAYER & ACTIVATION

When an activation event disrupts the settled arrangement, the engaged layer becomes active — identity, belonging, and narrative process loss cyclically around a foundational core of loss.

THREE-LAYER ARCHITECTURE

Primary layer: adoption conditions. Settled arrangement: daily life when adoption is present but not acute. Activation events disrupt settlement, engaging the cycle above.



CLINICAL APPROACHES

ATTACHMENT Early relinquishment disrupts attachment before language is available. Adult relational patterns — abandonment fear, hypervigilance — often trace directly here. *Bowlby; Ainsworth; Hughes*

NARRATIVE Adoptees carry fragmented origin stories. Narrative approaches reconstruct coherent life narratives that integrate loss rather than suppress it. *McAdams, 2001*

IFS / PARTS Exile formation frequently traces to early relinquishment. Parts carrying original loss respond well to unburdening when adoption history is held explicitly. *Schwartz, 1995*

AMBIGUOUS LOSS Psychoeducation on loss that does not resolve normalizes grief without pathologizing. The birth family exists but is absent — ambiguity is the clinical reality. *Boss, 1999*

SOMATIC Relinquishment-era loss may be encoded before narrative memory is available. Body-based approaches reach what language-first therapies cannot. *Levine; van der Kolk*

Full resources at Adopteeresearch.org/resources

Boss (1999) · Brodzinsky (2013) · Corral et al. (2021) · Doka (2002) · Grotevant (1997) · Juffer & van IJzendoorn (2005) · Keyes et al. (2008, 2013) · Neimeyer (2001) · Smith, Flowers & Larkin (2009) · Zubov (2026)

LRMF & ACKA instrument inquiry — adopteeresearch.org

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