

Adoption Across the Lifespan

Advancing adoption-sensitive counselor education
and clinical practice



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Setting the Stage

- Roughly 2% of U.S. children are adopted (about 1.5 million) and there's no equivalent federal count for adopted *adults*, who age out of the statistic without aging out of the experience (Kreider & Lofquist, 2014).
- Adopted people show up in mental health treatment settings at higher rates than their share of the population (Juffer & van IJzendoorn, 2005; Keyes et al., 2008).
 - So most of us are already treating adoptees, whether we know it or not.
 - And yet: adoption barely registers in counselor prep. A 30-year content analysis found it covered in just a sliver of published counseling articles (Liu et al., 2019), and it's absent from both sets of CACREP standards entirely (CACREP, 2015, 2023).

A Bit More Context

- The field's attention has clustered around **transracial and international adoption**, where race, culture, and displacement create obvious research questions (Liu et al., 2019; Wiley, 2017).
 - This has left same-race domestic adoption sitting in an odd, mostly unexamined spot, treated as an "easy" baseline. No visible difference, so presumably, not much of a story. We did a study to test that assumption directly.
- Strip out race and culture as variables, and you can see what adoption itself (as a developmental context) actually does to identity, belonging, and loss.
- This isn't an argument that same-race adoption is harder than transracial or international adoption. It's an argument that these impacts don't *require* racial difference to exist.
 - Transracial and international adoptees likely carry all of this, plus more.

Our Study

- Interpretative phenomenological analysis (IPA): 15 adult adoptees, ages 30s to 70s, all placed in infancy or early childhood into same-race, same-culture domestic families.
- Two of three researchers are adult adoptees themselves; the third is an adoptive parent and multicultural-competence scholar.
 - That combination created a built-in counterweight, and we did a lot of bias checking throughout the process.
- Interviews ran 42-70 minutes, coded independently by at least two researchers each, consolidated into five superordinate themes through team consensus.
- As a team we did use Claude to check agreement between the two human coders' *codes*. It was not used to generate themes, nor to interpret. Transcripts were de-identified first, and the session wasn't saved.

Finding 1: Loss Precedes the Family

Loss that precedes the family, and can't be named.

- 11 of 15.
- Participants located the loss as happening *before* adoption, not caused by it... and, a good adoptive family doesn't undo it, and gratitude culture makes it nearly unspeakable.

“Adoption can bring healing, but it, in and of itself, does not... take away or erase, or diminish... loss of first family” (Anne, 50s, Foster Care Adoption).

“I felt... really an obligation to them not to be too inquisitive about my origins” (Laura, 60s, Foster Care Adoption)

Finding 2: Identity Is Never Finished

Identity is never finished.

- 14 of 15, ages spanning four decades.
- Not a childhood event with an ending, but a recursive process. Sudden identity work at 50 isn't regression, it's on schedule.

“I’m looking for something that I don’t know how, or where, to find.” (Riley, 40s, Private Domestic Adoption)

“I did exist for a while... in the ‘I’m so grateful... that I was adopted’ narrative... and then had to unpack that.” (Thomas, 50s, Domestic Adoption)

Finding 3: Belonging as a Wound

Belonging as a wound carried into every room.

- 13 of 15.
- Three belonging strategies show up again and again: staying internally guarded while looking fine on the outside, leaving before you can be left, and earning belonging through usefulness rather than assuming it.

“A deep sense of... not belonging always follows me” (Michael, 60s, Domestic Adoption)

“On the outside, [I was] included, and... never treated differently... It was all just... inside” (Sloane, 40s, Foster Care Adoption)

Finding 4: The Pull to Search

The search for origins as a near-universal pull.

- 14 of 15, and present *regardless* of how good the adoptive family was.
- The participant with the most positive relationship to her adoption in the whole sample still searched. That's the best evidence in the dataset that this isn't a symptom of a bad placement.
- Part of the pull is genetic mirroring, the wish to “look at someone else and see a little bit of a mirror image” (Avery, 50s, Domestic Adoption). Adoptees rarely have words for that absence, so it goes unspoken in the room, and in the research.

“From all those years of feeling like I didn’t come from anywhere ... who am I? who am I? ... It gave me an identity, really. I knew who I was. It’s that profound, really.” (Morgan, after finding her birth parents; 50s, Domestic Adoption)

“When I did finally find my mother, she had passed away... that year when I turned 40 is when I started looking for her, and she had passed away” (Frances, 60s, Foster Care Adoption)

Finding 5: Adoptees Know Competent Care

Adoptees already know what competent care looks like.

- Participants weren't just subjects here, they generated their own guidance for clinicians and adoptive parents.

“more than anything... it’s really important that an... adopted person is... seen and heard, for real. Not seen and heard in the way that people want to see them and hear them. But in the way [they] themselves want to be seen and heard.” (Daniel, 40s, Foster Care Adoption)

Michael (60s, Domestic Adoption) described the protective shell many adoptees bring into therapy and the work of moving with it: “Work around that until... maybe that titanium tank starts to lower a little bit.”

The Adoptee Lifespan Framework

- Built from developmental theory, the loss literature, and clinical and community observation.
- Not built from these fifteen interviews. A framework built from a dataset can't be tested against that same dataset, so the study and the framework are two separate pieces of work.
- The core move: adoption is the context a self forms in, not an event that happened to a finished self.
- Kids who aren't adopted get the big questions pre-answered: you look like your dad, you come from here, of course you belong. For an adoptee those questions are still open while identity is forming.

How the Three Dimensions Come Into Relation

FORMING SEPARATELY

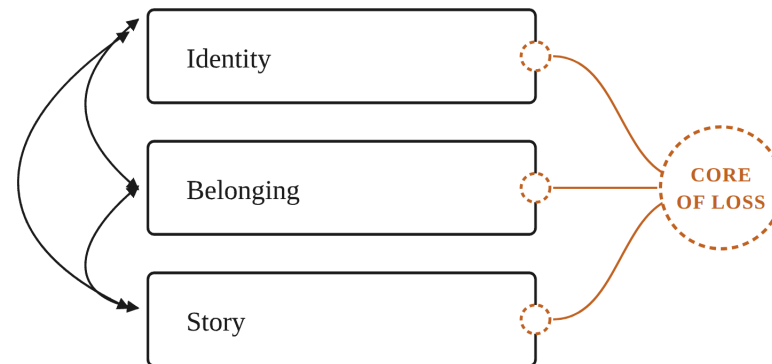


Each develops around the same absence, but nothing yet requires them to agree and the absences do not line up.

they begin to
constrain one another

coupling

THE SETTLED ARRANGEMENT

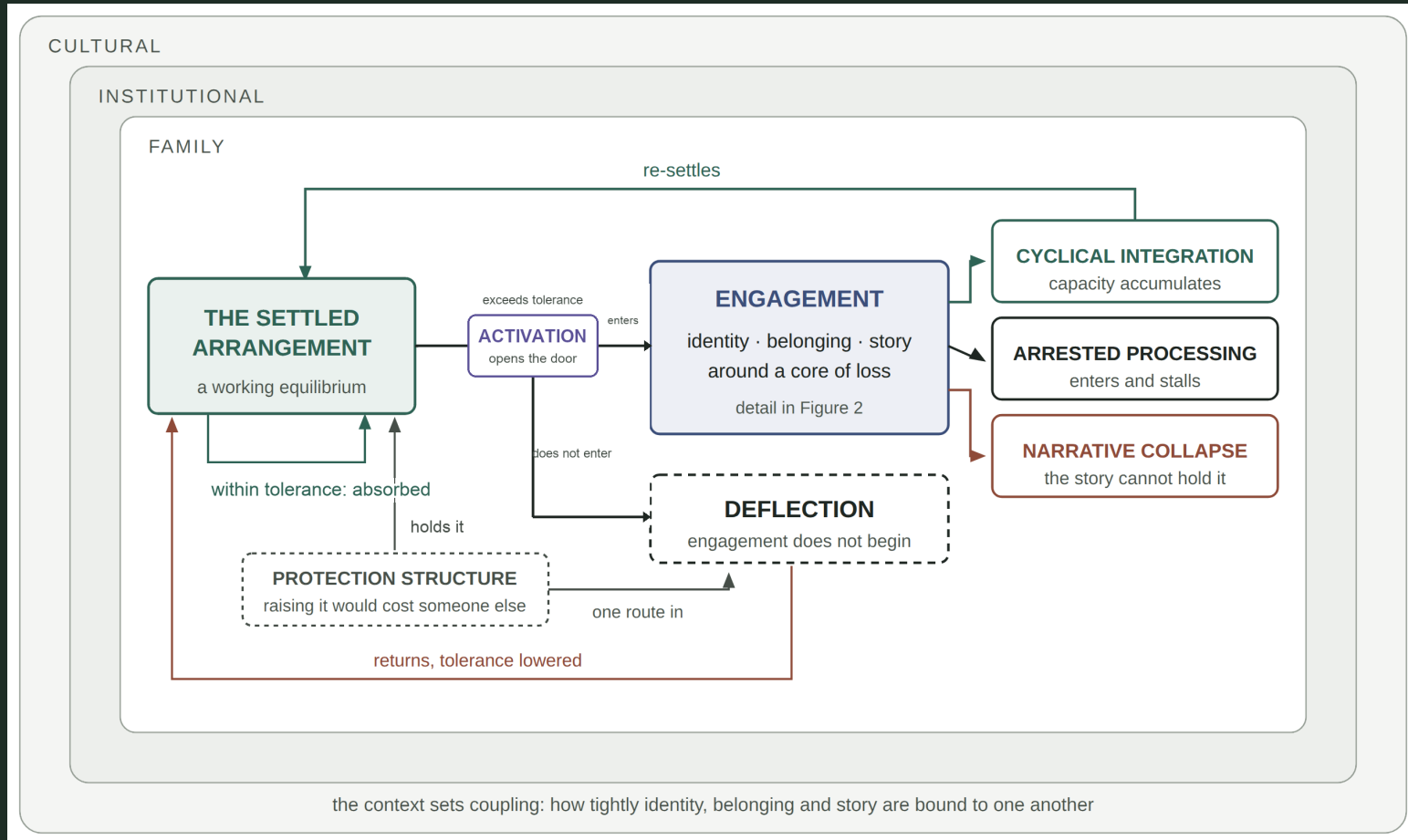


A change in one is answered by the other two, and the three absences now coincide. What they share is what engagement has to reach.

How tightly the three are bound once they constrain one another is coupling. How much the arrangement absorbs before it gives way is tolerance.

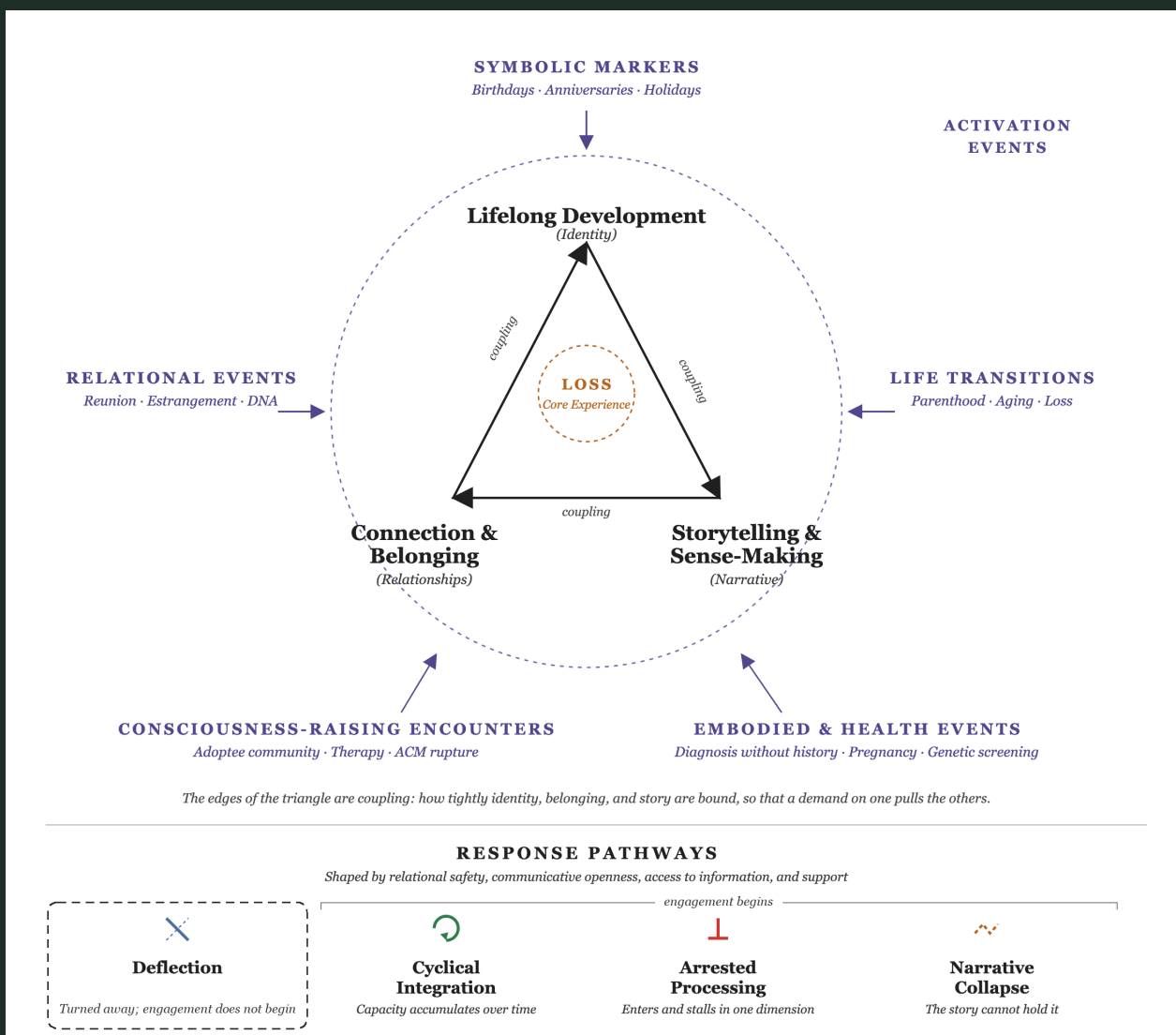
Tolerance rises with access to information and confidence in belonging. It falls every time something is pushed aside without being dealt with.

The Architecture: Four Parts



Inside Engagement

- Loss sits at the center. Around it, three dimensions: identity, belonging, story. Findings 2, 3, and 4 in framework terms.
- Five kinds of activation open the door. Handout Tool 1 maps them across a life.
- Four places the work can go. Not ranked, and integration is not the only legitimate outcome. Handout Tool 2 reads which one is running.
- What a counselor can influence: relational safety, communicative openness, access to information, support.



What This Means for Counselors (1 of 2)

- Ask about adoption at every intake, one question, every time. One line in a biopsychosocial intake: family constellation, including adoption, foster care, donor conception.
- Treat adoption as lifespan, not childhood, and know the protection structure before you misread it. A parent's death or estrangement can release decades of suppressed searching or grieving at once. That is finally-safe identity work, not destabilization.
- Learn to recognize disenfranchised grief and the gratitude mandate. No death, no ritual, no social permission to grieve. Real gratitude and real grief can both be true.

What This Means for Counselors (2 of 2)

- **Expect the belonging strategies to show up in your room, not just in their stories.** Premature termination may be a pre-emptive exit. Over-accommodating you may be belonging-through-usefulness. Work with it, not against it.
- **Prepare clients for what reunion actually involves.** Secondary abandonment, kept siblings, post-reunion DNA surprises. And the window closes: birth parents die.
- **Refer to the adoptee community like it's a real intervention.** For nine of 15 participants, it was the only place belonging required zero explanation.

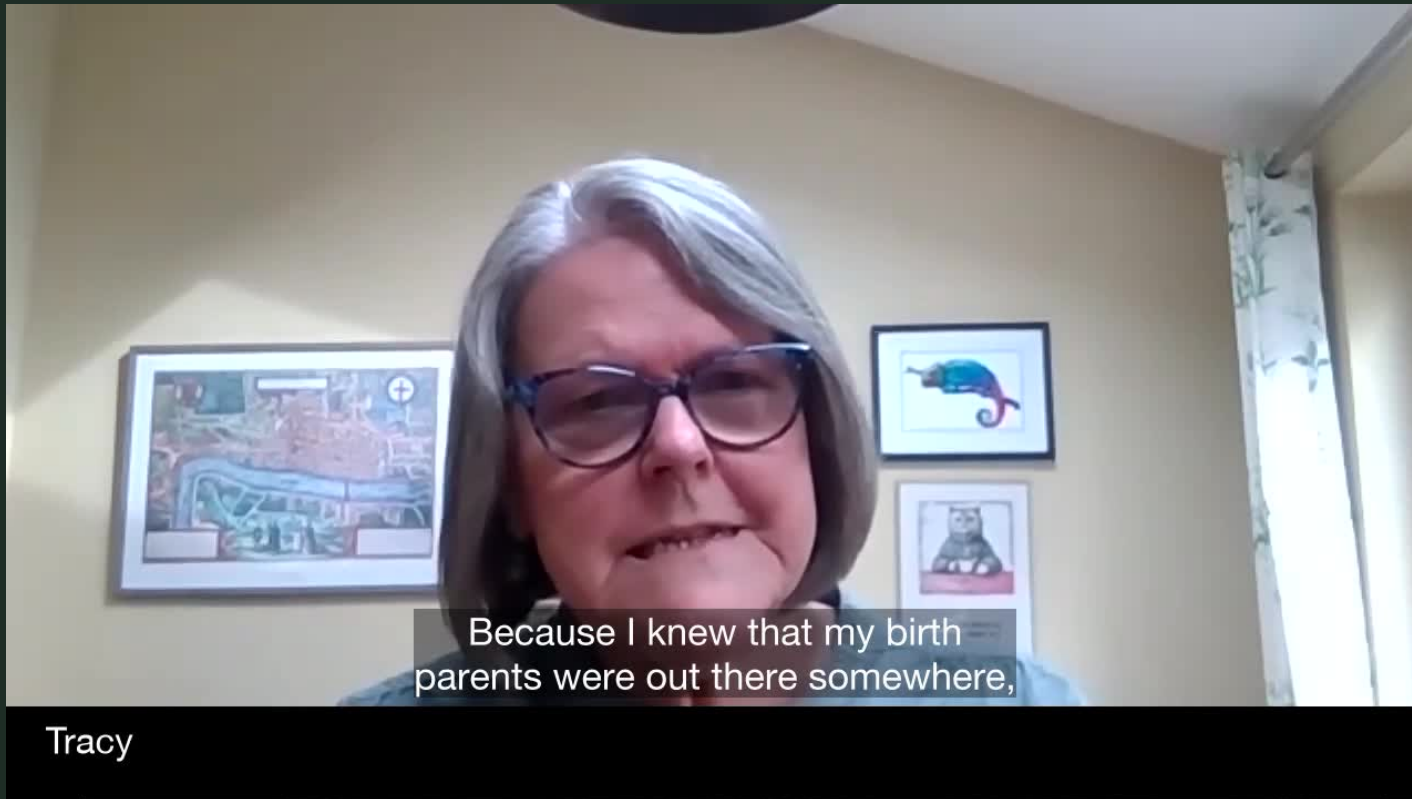
What This Means for Counselor Educators

- The pattern participants described was skilled, caring clinicians with a real hole in their training. Which is a curriculum problem.
- **This doesn't need a new course. It needs three existing ones to open the door.** Adoption belongs in human development (lifespan, not just childhood), in grief and loss (a genuinely instructive case of disenfranchised and ambiguous loss), and in assessment training (the one-question intake habit).
- **Name the definitional gap, because it's real. Participants themselves said "adoption competence" doesn't have an agreed-on definition. How you integrate this is not dictated, but should be thoughtful.**
 - Components might include lifespan framing, disenfranchised-grief literacy, search-and-reunion dynamics, and protection-strategy awareness.

Limitations and Considerations

- Self-selected, predominantly White and female, U.S.-based sample. The two Black participants were both placed with Black families, no transracial adoptees in this dataset by design.
- Recruitment ran largely through adoptee community networks, which means participants likely already had some shared vocabulary, "the fog," "the primal wound," going in. This may partly reflect a shared interpretive language, not just shared experience.
- People still deep in it, what participants call "the fog," are exactly the ones least likely to volunteer for a study like this one. So this sample probably skews toward adoptees who've already done some reflective work.
- N = 15. Hypothesis-generating, not the final word.
 - The framework was not built from these interviews. The next step is to test it against them, and then across other kinds of adoption.

In Their Own Words



Twenty-three adult adoptees from the interview project, in their own words. 9:41, open captions.

Activity: Mira

- Mira is on the case sheet you just received. Read her once (2 minutes).
- While you read, track three things:
 - What has her arrangement been absorbing without trouble?
 - What is about to stop holding it in place?
 - Which door just opened, and what did she do with it?
- In pairs, Tool 1, Steps 1 and 3 (5 minutes). Map what has come up for Mira and give each its class. Then name what is predictable and coming for her in the next twelve months.
- Debrief (4 minutes).

Debrief

- What does the timing tell you that the content doesn't?
- She told you it wasn't something she wanted to work on. Was she wrong?
- She mentioned her biological mother once, then dropped it. What do you do with that?

Thank you

- The research: adopteerresearch.org
- The curriculum: learn.adopteerresearch.org. Adoption-Competent Counseling, a self-paced course for clinicians: 8 chapters, 54 lessons, free to start.
 - Version 1 releases October 1, 2026.
- Questions?