Keep — one-page takeaway

Adoption grief rarely arrives named. It shows up inside other concerns, gets shut down before you see it, or arrives in fragments. This sheet is what to look for, what gets in the way, and what to do.

Recognizing grief that doesn't call itself grief

- Chronic low-grade sadness no specific cause explains, or depression that responds poorly to treatment.
- Circling questions about origin, biological family, or identity that can look like rumination or anxiety.
- Disproportionate responses: a film that produces days of crying, a friend's parent dying that opens far more than the relationship explains. Disproportion is often the signal.
- Material placed at the edges of a session, a DNA result or an adoption anniversary mentioned on the way out. The placement is often the client testing whether the topic belongs here.
- Somatic presentations: chest tightness, sleep disruption, chronic fatigue alongside the rest.

The three assumptions that get in the way

- **Gratitude as the appropriate response.** "You had parents who loved you." It may be true, and it functions to close the grief down. Let the client hold both, in their own proportions.
- **Reunion as resolution.** Suggesting search or DNA testing when the client hasn't asked. Reunion doesn't resolve ambiguous loss, and the client may stop bringing adoption material to avoid the suggestion.
- **Time as healer.** Treating grief that's active at fifty as evidence of a separate problem. Adoption grief is structurally ongoing and often intensifies with age.

Moves that work

- Name the grief lightly and let the response be information: notice aloud that this sounds like a kind of grief, then ask how that lands.
- When resistance is the disenfranchisement itself, name that gently: "You seem to pull back when I ask what you're feeling. I wonder if some part of you was told this isn't something you're supposed to feel."
- Repair small ruptures directly. With disenfranchised grief they carry more weight than they look like they should.

When the work exceeds one relationship

- Adoptee community is often the most useful referral available. It provides a witness therapy can't, and it runs alongside the work rather than replacing it.
- Consider longer-term or adoption-specialized care for late discovery within the past year, active search or reunion, intercountry placement-era learning, or grief compounding with adoptive parent death.
- Recognizing that more is needed is competent practice. Many adoptees describe years of therapy in which the grief was never reached.

Continued considerations

- Which of the three assumptions is most alive in you? You have one; the question is which.
- Think of a client who drifted away from a topic after you responded to it. What might they have concluded?
- Sit with this: what do you do with the discomfort of a client's grief, if you can't do anything with the grief itself?