Keep — one-page takeaway

The identity, belonging, and grief material this course has developed lives in the body. Somatic material usually isn't a separate category; it's often where those dimensions are most present.

Two things to keep apart

- **Bodily identity.** Identity work happening through the body: genetic mirroring, resemblance, medical history, racial identity, DNA testing. Approached through reflection and meaning-making.
- **Somatic experience.** The body's accumulated response to stress: chronic activation, sleep dysregulation, autonomic patterns. Approached through attention to the body itself, pacing, and regulation.

What the research supports

- Early caregiver disruption affects the developing nervous system: well established. That every adoptee carries persistent somatic effects: not established. Some do, some don't.
- Prenatal stress (Glover) affects fetal cortisol exposure and stress reactivity. Many relinquishments involve pregnancies marked by difficulty, so it's often part of the picture, with substantial individual variation and moderation by later caregiving.
- The trauma literature (Herman, Ogden, Fisher, van der Kolk) is influential here without being adoption-specific. Useful as a lens, not an adoption-specific claim.
- Verrier's primal wound makes the strongest universal claim and remains debated. Many adoptees find it personally meaningful. Engage what the client describes without needing to endorse or reject the framework.

Where it runs strong

- Symbolic markers: birthdays and adoption anniversaries can produce physical symptoms before the mind connects the date.
- Reunion contact: trembling, racing heart, exhaustion beyond what the client expected.
- Pregnancy and childbirth: can activate somatic material from the client's own relinquishment that was never accessible before.
- Transracial adoptees: the accumulated physiological response to being read differently by the surrounding culture.

What to do without somatic training

- Notice aloud, don't interpret: "Your shoulders just came up." "Your breathing changed." Let the client decide what it means.
- Slow the pace. The verbal speed that worked five minutes ago is too fast once activation is present.
- Ask the body directly: "What's happening in your body right now?" "Where do you feel that?" "What's your body wanting to do?"
- When activation is high, regulation may be the work for that session: feet on the floor, slower breathing, the hard material another day.
- Refer when somatic specialization is what the client needs. It can run alongside your work.

Continued considerations

- What happens in your body when a client's activation rises, and what do you do with that?
- Where's the line between noticing a client's body and interpreting it, in the words you'd actually use?
- Sit with this: if a client's body has been reporting something for thirty years, what does it mean to be the first person who says it out loud?