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Anagnórisis, Genetic Mirroring, and Anagnóric Mirroring: Identifying a Framework for DNA Revelations in Reproductive Medicine

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ABSTRACT

Building on a prior phenomenological study of 33 participants, this article conducts a secondary analysis to explore the previously unexamined theme: anagnórisis. This paper introduces the term anagnórisis and anagnóric mirroring with the intent to weave these concepts into modern day understanding and to incite a conversation around clinical implications and standards of care. The term anagnórisis translates from Greek to mean "recognition." However, Aristotle used this term to describe the moment when a character has a pivotal moment of understanding that everything they thought they knew has changed, but nothing about their day to day lives has changed. The author defines anagnóric mirroring as the event where, after a DNA discovery, an individual recognizes unchanged physical features from a different perspective, which can sometimes cause an internal conflict or connection as the person copes with the newly acquired understanding. Beyond genetics, parallels were drawn to health diagnoses, relationship ruptures, demonstrating anagnórisis as a universal human phenomenon. Anagnóric mirroring provides a conceptual anchor for understanding recognition events in reproductive medicine and beyond. Recognizing this construct may guide clinicians in validating identity disruption, supporting narrative reconstruction, and developing standards of care.

KEYWORDS: Genetic mirroring, a*nagnóric mirroring, anagnórisis, misattributed paternity, donor conception.*

In recent years, the proliferation of direct-to-consumer (DTC) DNA testing has upended traditional notions of identity and kinship. Across the world, it is estimated that over 100 million people now have access to their genetic ancestry at the click of a button (American Medical Association, 2023). A growing, often unexpected outcome of DTC DNA testing is the discovery that a presumed biological father is not, in fact, one's biological parent—a revelation known as a non-paternity event (NPE) or misattributed paternity (Lowe et al., 2017).

In a previous phenomenological study, Shepard et al., (2022) explored how adults encountering misattributed paternity through DTC DNA testing experienced profound disruptions in psychological well-being and identity formation. Thirty-three participants—including those

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having experienced misattributed paternity and those unaware they were donor conceived—shared stories marked by grief, betrayal, anger, a quest for belonging, and existential concerns. While these themes offered rich insight into the emotional landscape of DNA surprises, one striking phenomenon emerged across most cases: moments of realization where "nothing about my life changed, yet everything felt different."

The purpose of this paper is to give a name to the universal human phenomenon that is *anagnórisis,* define a new term called *anagnóric mirroring*, explore how anagnórisis can be applied to modern day events related, but not limited to DNA discoveries, and to inspire a call to action when it comes to clinical applications in psychotherapy. Through a secondary qualitative analysis of the same interview corpus, applying this terminology and new understanding of this phenomenon allows us to trace the structure of identity transformation as lived recognition. By marrying classical theory with contemporary lived experience, this paper contributes a novel conceptual model for understanding DNA-induced identity shifts, with implications for clinical practice, family dynamics, and broader cultural conversations about genetic truth and belonging.

Research Paradigm and Rationale

The prior study (Shepard et al., 2022) was conceptualized after the principal investigator's spouse personally experienced misattributed paternity, and thus having experienced anagnórisis in the weeks and months following this discovery. As a researcher, filling the gaps in the literature to provide a voice for those who have experienced misattributed paternity was an important motivator to conduct this research. While the researcher has a personal tie to this topic, it was important to paint an unbiased picture of how this event shapes the human experience. Creating open-ended interview questions, co-coding the data with multiple reviewers, keeping detailed notes, and maintaining transparency in regards to limitations and methods allowed the research team to produce a study that was both personally and scientifically meaningful.

Method

Ethical Considerations

A full description of the study design and method is outlined in the paper titled *Discovering Misattributed Paternity After DNA Testing and Its Impact on Psychological Well-Being and Identity Formation* (Shepard et al., 2022). Only a brief overview is provided here to contextualize the current analysis, as this paper aims to introduce and explore the concept of anagnórisis, an emergent theme not previously discussed. The prior study was approved by Alliant International University's IRB, protocol number 2007182297.

Design and Participants

A phenomenological method with an emergent interview design was utilized for this study. Phenomenological methodology helps researchers understand the unique lived experience of a person or group of people (Neubauer et al., 2019). This method is generally used when a researcher is attempting to understand the essence of a phenomenon, giving life to the events, emotions, and perceptions of an experience. Phenomenological designs are commonly used when research on a topic is scarce (Saldana, 2025), so this design lent itself to exploring the essence of the participant's lived experience well.

Utilizing an emergent design during the interview phase of this research was integral in allowing the themes to reveal themselves. Emergent designs allow a qualitative study to evolve over the course of the study. Emergent designs also allow the researcher to attend to themes that are noticed in each stage of the process, from the interview and data collection stage, to the coding stage (Merz, 2010).

The Institutional Review Board (IRB) from Alliant International University approved the study. Recruitment began using social media with the intent to find individuals who had experienced misattributed paternity. Several weeks into the data collection phase, many participants who were donor-conceived and did not know they were donor-conceived began contacting the interviewer to participate. It was at this time that the research team decided to recruit and study two groups: one group were placed in the misattributed group for a variety of reasons (IE: the mother did not know the paternity, there was an extramarital affair, etc) and the other group learned they were donor-conceived after taking their DNA test. Thirty-three participants participated in this research: 18 were in the misattributed group and 15 were in the donor-conceived group.

Majority of participants identified as White (n = 32, 96%) and female (n = 22). The mean age for the misattributed group was 52.7, while the mean age for the donor-conceived group was 37.5. Participants resided in the United States, Canada, England, and Australia. Although the sample included participants from several English-speaking countries, it was demographically homogenous (96% Caucasian). This limits the ability to draw culture-specific conclusions; thus, discussion of cultural variation in identity development is presented as theoretical and interpretive rather than as empirically derived from the dataset.

Procedure

The recruitment process was primarily online through Facebook or Reddit forums using a flyer. Participants contacted the principal investigator where they were emailed an informed consent form which detailed the purpose of the study, procedures, voluntary participation, how to withdraw from the study, compensation, and limits of confidentiality. Participants also completed a demographics questionnaire before engaging in an initial phone screener where they were also informed of these components. Participants were screened for eligibility during this initial phone call. Once the participants agreed to engaging in the research, a Zoom interview was scheduled. Upon completing the interview, participants were thanked for their involvement and were given mental health resources. No compensation was provided for participation in this study.

Semi-Structured Interview

The semi-structured interview was designed with open-ended questions targeted to ultimately explore psychological well-being and identity formation. Participants were interviewed for 60-120 minutes by the principal investigator. While the interview questions did not explicitly ask about anagnórisis, as this term had not been realized prior to the interviews, the principal investigator began to notice that participants were disclosing the sentiment that their DNA discovery “changed nothing, yet changed everything.” This notation was made by the principal investigator, but asking this question directly to the participants was not incorporated in the interviews, as to allow for consistency for all interviews.

Data Analysis

Once the principal investigator completed all of the interviews, a team of five researchers (including the principal investigator) transcribed and coded the data. Two researchers transcribed and coded the misattributed group, two researchers transcribed and coded the donor-conceived group, while the principal investigator transcribed and coded the more difficult transcripts from both groups. Once each researcher coded their first 5-6 transcripts, they traded with their partner for their second pass of coding, utilizing memos and an electronic database to organize the codes.

Results

Three major themes emerged from the research as it pertains to both groups, including: (1) sadness, grief and loss, (2) anger and betrayal, and (3) seeking connection and belonging. The misattributed group endorsed several other themes including otherness, curiosity, relief and comfort, surprise, acceptance, and empathy and rationalization. The donor-conceived group endorsed all of those themes as well; however, they endorsed three additional themes that the misattributed group did not endorse. These themes included existential concerns, self-assuredness, and the right to know and advocacy. Other significant findings from this study included genetic mirroring and this changed nothing and everything. Without having asked specifically about genetic mirroring, this theme was revealed in the research as a significant finding, with most of the participants endorsing a curiosity about the physical features of their biological family, or redefining their own features upon having met their newly discovered biological relations (Table 1, see the appendix).

In our previous publication (Shepard et al, 2022), we noted the emergence of an additional theme related to recognition and identity, which we labeled "Other Findings." While important, these insights were not the primary focus of that paper. The present article takes up that thread, conducting a secondary analysis of the same dataset to examine these narratives more deeply through the lens of anagnórisis. Framing the participant's narratives through the lens of anagnórisis highlights how participants' stories pivot around recognition - events that serve as turning points in identity reconstruction, offering insight into the dynamic processes by which meaning is made in the aftermath of unexpected revelations.

Anagnórisis

In Greek, the word *anagnórisis (αναγνώρισ η)* (an-ag-NO-rih-sis) signifies recognition, a term that in everyday usage may describe something as simple as acknowledging a face, a credential, or an achievement. Yet in Aristotle's *Poetics*, the related concept of *ἀναγνώρισις* carried a far deeper resonance: the pivotal moment of revelation in tragedy, when a hidden truth emerges and transforms the meaning of everything that came before. In these moments, the factual events of their lives—their childhoods, families, and personal histories—remained unchanged, yet the meaning of those events was radically reconfigured. This paradox, that "nothing has changed and yet everything has changed," situates their discovery within a modern form of *αναγνώρισ η*: an unveiling that simultaneously affirms and destabilizes identity, compelling individuals to reinterpret their past and reconstruct their sense of self in the present.

Anagnóric Mirroring

Genetic mirroring refers to the phenomenon in which individuals search for, or struggle with, visible resemblances between themselves and family members following a DNA discovery. While the adoption community uses the phrase *genetic mirroring* to describe struggles of resemblance and recognition, this concept has not been widely developed in scholarly literature. To extend and refine it, we introduce the term *anagnóric mirroring*—a synthesis of Aristotle's anagnórisis and the embodied experience of looking at oneself or one's relatives differently. We define anagnóric mirroring as the paradoxical recognition of unchanged physical features that acquire new meaning following the revelation of misattributed paternity, donor conception, biological relations, or another similar DNA discovery.

For adoptees and donor-conceived persons, discovering genetic family members or misattributed paternity often produces a profound dissonance: they may look in the mirror and fail to recognize themselves in the features they once attributed to a social parent, or they may see echoes of themselves in newly discovered genetic relatives. Defining this term and experience is essential, as it allows for future theorists and researchers to continue seeking stories from those who know it first-hand.

Understanding genetic mirroring through the framework of anagnórisis situates these personal accounts in a broader narrative structure. The mirror, both literal and metaphorical, becomes the site of recognition: nothing about the individual's face has changed, yet everything about its meaning has shifted. The once-stable interpretation of resemblance ("I have my father's eyes") collapses, replaced by the realization that those features belong to another lineage altogether. In this way, anagnóric mirroring is not simply about resemblance; it is a lived form of anagnórisis—a recognition event that restructures identity through reinterpreting the body and its relational ties.

By integrating anagnórisis into discussions of genetic mirroring, scholars can move beyond describing the phenomenon as anecdotal or community-specific. Instead, it can be understood as part of a universal narrative structure of recognition: the paradox where nothing changes and everything changes at once. This offers both a conceptual anchor for qualitative analysis and a bridge between classical theory, adoption studies, and contemporary psychology.

Shepard et al., (2022) noted in their prior study that some participants struggled to grapple with their own reflection upon discovering misattributed paternity:

> *So, it was like looking in the mirror and all of a sudden, 'Okay, that's not a Scottish face. That's someone else…that's someone else's face.' That was really weird and really weird to sit with. Like when I'm brushing my teeth every morning of just like…there is a little sense of 'I've been robbed.' This other guy was my father that I didn't know and he is now taking my physical identity somewhat because now, when I look at my face, I now see him instead of my dad or instead of the people that I love. So, for a while it was like, 'You stole my face!' I was kind of mad at him [biological father] but that kind of subsided. It was just kind of the initial reaction… So, I felt a little robbed at first. I thought I had this shared identity with physical identity with them [family of origin] and then it turned out I didn't. So that was kind of like… it was stolen from me. But it wasn't really obviously him that did it. It's not really his fault.*

This participant described the complexity of anagnóric mirroring, in which there lies an experience of being stripped from an identity that they once developed and found comfort in. With this new found information, the participant is forced to integrate it into how they view themselves and the people around them, including their family. Not only does this lived-experience shed light

on the loss associated with anagnóric mirroring, but offers insight into a phenomenon that is not often validated in empirical research.

Another participant described the time when he met his newly discovered half-siblings following the news that he was donor-conceived. Seeking connection and belonging was an important aspect of processing the revelation:

> *You keep looking for those commonalities, like 'Oh, do I look like them? Are there things that we do similar?' Even if it's a very physical body manifestation of who someone is, or habits or traits. So, it was almost like a curious experience of seeing this person who you share DNA with, to see how similar you are, different you are... Yeah, I think there's a way in which you're still looking to confirm family, or to find belonging or to go back to the image of rootedness, there's a way in which it's like, 'Oh well this soil feels right.'*

This participant's experience showcases a sense of isolation that may be felt when anagnórisis occurs, in which individuals may seek out connection to reaffirm their ruptured sense of self. It is important to know how an individual attempts to revalidate their sense of self, through their rootedness in their community or through a more individual reevaluation of beliefs and values. Anagnórisis is important to understand when it coincides with feeling like an "other," as this participant did when he learned that his assumed father was not his biological father:

> *Always growing up, I didn't quite feel like I fit in. Like I said, we were just all different from each other. My brothers… I could never find the connection between me and my dad. And my mom would try to force things. Looking back, it's just so crazy... the things that she said. She was trying to sell us on the fact that he was our dad when we weren't even really questioning it directly. There's nature versus nurture and I'm sure there are things we picked up from him just through growing up around him being raised by him but she was kind of forcing it. And so it just never felt… the connections just didn't feel as strong as they should have been. And so finding out the identity of the donor and more about him… the biggest challenge for me, I think, has been this feeling of 'Where would I be had I known this information, five years earlier, 10 years earlier, 20 years earlier?' I mean, usually the biological father raises the child…helps raise the child. Where would I be if I had actually been one of his biological children in his family? What different opportunities would I have had?'*

This participant's thoughts highlight yet another complex result of anagnórisis in which the individual's present life may not have changed dramatically, and yet the evaluation of the past and the trajectory of their future undergoes a major shift. Anagnórisis involves learning new and profound information about one's life. In this discovery, there exists an inevitable contemplation of how new information changes the meaning into their already solidified sense of self and future. The psychological impact of anagnórisis can lead to a reevaluation of how an individual makes sense of their life story, including their past, present, and their future.

Anagnóric mirroring could also be experienced as seeing themselves in a newly discovered family member, which provides an individual with a new perspective:

> *Now that I look in the mirror... I can't unsee my face shape now. Even looking on Zoom and stuff, and I see my face shape… I mean, it's always been this shape, but I've never seen it like this before. I just remember looking at [biological father's] eyes and thinking, 'Those are my eyes. And I've never seen my eyes before…' I never saw that reflection before and I*

> *couldn't stop staring at him, and he has the same… our same cheeks and same eyes… and I didn't even know that I was missing that until I had it.*

This participant's experience offers another perspective of the impact of anagnóric mirroring in the context of misattributed paternity, in which the meaning of their physical attributes gets a new form. While the participant has spent his whole life perceiving his physical structure, the experience of anagnóric mirroring radically changes the purpose of a previously solidified part of their identity, by driving the individual to reframe their sense of self to integrate new information.

Feeling a sense of belonging can be a positive side effect of anagnóric mirroring, as was described by a participant who finally saw herself in the faces of her newly discovered family members:

> *And there's similarities now. I have green eyes, like my [paternal] cousin, or I look like my [paternal] aunt. I've seen pictures of her when she was young and I was like, 'Oh my God, I finally do look like somebody in my family,' which is kind of cool. I have the same nose as their side of the family. …I am a storyteller and they're like 'We are all like that.'*

While the experience of anagnóric mirroring can destabilize or alter someone's sense of self, for individuals who have felt a sense of isolation and otherness throughout their life, discovering new information about their past could help connect themselves to people in their present. Anagnóric mirroring may help individuals fill in the gaps of missing parts of their identity they may or may not have realized were empty.

Discussion

Although this study focused on misattributed paternity, the feeling that "everything has changed and yet nothing has" is a universal phenomenon that remains overlooked in research and clinical settings. By expanding our understanding of identity development and cultural considerations of the evolution of the sense of self, we can explore the prevalence of anagnórisis across several experiences.

Anagnórisis and Betrayal Trauma

Betrayal trauma occurs when a trusted figure or institution mistreats you (Freyd, 1996). The reverberation of that incident, or series of incidences, can result in pathological trauma-related outcomes such as PTSD, depressive, and dissociative symptoms. Betrayal trauma theory asserts that the closer a person is with the perpetrator, the more psychologically damaging it can be (Martin et al., 2013). Objective and subjective perceptions of betrayal are important when considering how trauma might manifest individually (Griffith et al., 2024). The psychological grounding of anagnórisis is closely aligned with the established literature on betrayal trauma. Both involve a destabilizing recognition that reconfigures one's understanding of reality, relationships, and self. Betrayal trauma theory emphasizes how individuals often suppress or distort awareness of painful truths to preserve essential attachments. Anagnórisis, by contrast, represents the moment when such truths surface. Defenses may collapse and integration must occur. Situating anagnórisis within this psychological lineage highlights its relevance to cognitive and affective processes of meaning-making, trauma integration, and identity reconstruction, offering a bridge between philosophical notions of recognition and clinical understandings of psychological change.

It is important to clarify that anagnórisis is not inherently pathological. Rather than a disorder or symptom, it represents a neutral psychological event - the moment of recognition in

which one's understanding of reality is irrevocably altered. This initial realization can act as a first domino in a larger psychological cascade: for some, it may evoke grief, anger, or existential disorientation; for others, it may prompt insight, coherence, or growth. Its outcomes depend on multiple factors, including attachment history, cultural meaning systems, and access to support. Conceptualizing anagnórisis as a process rather than a pathology broadens its relevance across the continuum of human experience and allows clinicians to attend to both its destabilizing and transformative potentials.

Sociological and Anthropological Context of Genetic Kinship

Kinship, through an anthropological lens, continues to evolve over time. Previously, kinship was primarily understood through genetic relatedness; ultimately creating an "us" vs. "them" mentality to social relationships (Withagen, 2023). Since the 1970s, a more modern definition of kinship began to rise. Anthropologist Janet Carsten (2000) reframed kinship as a lived and experimental domain shaped by emotional ties, shared daily practices, and cultural narratives. This reconceptualization shifted kinship away from a mere biological certainty toward the idea that families are constructed through relational meaning. Kinship is understood as a way that people are connected intergenerationally, through shared responsibility, obligation, and care (Withagen, 2023). The revelation of misattributed paternity exemplifies this fluidity, as anagnórisis compels individuals to renegotiate what "relatedness" means in both biological and social terms.

With the rise of direct-to-consumer DNA testing, this framework reintroduces biology into the equation, resurrecting an archaic and siloed way of examining kinship. As Marilyn Strathern (2010) and Alison Gibbon (2012) argue, genetic technologies both extend and unsettle established notions of relatedness. Culture need not be excluded from the process of developing kinship, as the ways families are formed and sustained vary widely across societies. Overemphasizing genetic truth can obscure the social and emotional bonds that long define familial bonding. These sociological and anthropological frameworks situate the phenomenon of misattributed paternity within a broader cultural narrative about truth, belonging and moral kinship. When a person learns that their genetic ancestry diverges from their social identity, the experience challenges the relationship scripts that have historically shaped their sense of self.

Building on feminist and queer theory, Butler (2002) and other scholars have also reframed kinship through a symbolic lens. For individuals who do not feel connection, shared responsibility, or belonging within their biological families, the symbolic approach allows for the creation of community beyond traditional genealogies. This holds particular relevance for LGBTQIA+ populations, where forming "chosen family" is often central to survival, identity, and well-being. Queer and feminist frameworks therefore align kinship as agentic, granting individuals the freedom to connect with an authentic sense of self, independent of a biological certainty. In this way, queer kinship theory parallels anagnórisis — both reflect moments of recognition that transform belonging and self-understanding, expanding what it means to be "family" in a changing world.

The concept of anagnórisis extends this sociocultural understanding into the psychological domain. While anthropologists have examined how kinship is performed and renegotiated, the present study explores how individuals internalize and make meaning of recognition events that alter their perceived lineage. Anagnórisis captures the inward, cognitive, and emotional process by which people reinterpret their life stories after an epistemic rupture. Thus, where kinship theory illuminates the social performance of belonging, anagnórisis highlights the intrapersonal reconstruction that follows the collapse in those social narratives. In bridging these perspectives, this framework positions anagnórisis as both a social and psychological phenomenon: an

experience rooted in relational structures of kinship and the existential terrain of individual meaning-making.

Identity and Anagnórisis

Theorists have been studying identity development since the 1950s when Erik Eirkson published a number of writings related to the evolution of identity throughout the lifespan (Erikson, 1959). Numerous theorists expanded on his initial works, encouraging a dialogue around the topic. Of these discussions, the concept of identity disturbance was born. Distinguishing between identity disturbance and anagnórisis is essential in defining this new concept for use in the social sciences.

Identity disturbance is a broad term that generally describes a pervasive, ongoing, and often maladaptive confusion about one's own values, goals, or self-image (Kernberg, 1967). Those who struggle with this can often experience feelings of emptiness and have difficulties that can lead to psychopathology. For instance, many people who meet the criteria for borderline personality disorder have been described as people who experience identity disturbances due to an unstable self-image, a persistent negative worldview, and a difficult time integrating a more positive sense of self. In real time, people can have inner states that sound like, "I feel like I am worthless" (Gad et al., 2018) Those with persistent identity disturbances are often treated for psychopathological conditions.

Anagnórisis differs from this concept in several ways. Experiencing anagnórisis is triggered by a specific discovery or knowledge (IE: DNA results, hidden heritage, diagnosis of a condition, infidelity) prompting a reevaluation of values and purpose. While the experience can be impactful and destabilizing, it is not typically associated with psychopathology. Where identity disturbances are often negative or maladaptive, anagnórisis can be growth-producing or connective. Anagnórisis is not a symptom or a disorder, but a universal human phenomenon that psychology has not yet named. While the change in perception can have long-lasting effects, it is not inherently maladaptive.

Expanding on this concept, anagnóric mirroring is an example of how anagnórisis can be both troubling and connective without being an identity disturbance. For example, an adoptee meets their biological parents for the first time and during their meeting, they notice they have similar facial features, skin tone, and gestures. This realization can be shocking in comforting and uncomfortable ways. The adoptee may feel part of a larger family, no longer wondering where they inherited certain features. However, they could feel sad about having lost the chance to know their biological family prior to their first meeting. Anagnórisis sheds light on the felt experience of reshaping identity after an invisible disruption – not an external event, but new knowledge or realization that alters one's life story. In this sense, nothing outward has changed, yet the individual undergoes a dramatic internal shift in self and identity. The concept of anagnórisis helps validate this experience for individuals who feel lost in their identity and dismissed by others because no external change is visible.

Anagnorisis Beyond DNA Discovery

Although Shepard et al., (2022) exclusively focused on DNA-based revelations of misattributed paternity and donor conception, the phenomenon of anagnórisis is not confined to the genetic identity community. Rather, it reflects a broader human experience: the paradoxical recognition that reconfigures meaning without altering external facts. This article proposes a typology of modern anagnórisis that demonstrates its relevance across diverse domains of life. While there are many ways that anagnórisis can manifest in modern ages, it is useful for the

purposes of relevance to demonstrate a few examples of how we may experience this phenomenon in modern times.

Health and the Body

When it comes to our physical health, recognition often takes the form of anagnórisis in response to new medical knowledge. A life-altering diagnosis often does not alter the body at the moment of disclosure, but it reframes every past symptom and future possibility. For example, adults who receive diagnoses of autism spectrum disorder or ADHD later in life describe the paradox of recognition: their traits remain unchanged, yet the meaning of their life narrative is dramatically transformed (Bargiela et al., 2016).

Kelley's (2022) autoethnographic account of his cancer diagnosis offers a similar illustration of anagnórisis. His sudden awareness of illness forced a simultaneous deconstruction of his former identity and reconstruction of a new one. Kelley describes being "thrust into a new way of experiencing life and [his] own identity," capturing the immediacy and irreversibility characteristic of recognition events. He illustrates how identity alternates between inward collapse and outward reformation. Like those experiencing anagnórisis following DNA revelations, Kelley's journey underscores how revelation initiates a process of grieving, reflection, and eventual reintegration of self-understanding. The task of redefining how we show up in the world as humans living with a new diagnosis is a relatable and modern form of anagnórisis that occurs across contexts of health, identity, and belonging.

Relationships and Intimacy

Intimate relationships are fertile ground for anagnórisis. One unfortunate example involves discovering a partner's infidelity and how this revelation can elicit a reevaluation of shared history, collapsing trust and reshaping the meaning of the relationship. In her book, Dr. Ana Kandare Soljaga (2017) describes the various phases that people go through when they discover infidelity in their relationship. When someone learns their partner was unfaithful, she proposes that people cycle through the shock phase, phase of negotiation with oneself, and the recovery phase. Without explicitly identifying the experience of anagnórisis, Dr. Kandare Soljaga's phases accurately depict how anagnórisis can present itself.

During the shock phase, Dr. Kandare Soljaga suggests that people experience an "emotional tsunami," which can cause emotional and physical disturbances. Moving into the phase of negotiation with oneself, according to Dr. Kandare Soljaga, a person navigates how infidelity has impacted their life and the significance of the event. The recognition that unfaithfulness has occurred as a person navigates through memories with their partner is a hallmark example of anagnórisis. The relationship itself was real. Their feelings and memories within the relationship were real. It is the moment of discovery where the person realizes that their memories or feelings could be viewed from a different lens that make anagnórisis relevant in relationships. The intersection of anagnórisis and infidelity offers a person the opportunity to reexamine what they thought they knew about truth.

Cultural Considerations for Identity Development

While our participant sample was demographically homogenous, culture remains central to understanding how identity is experienced and integrated. The following discussion is therefore theoretical, drawing on cross-cultural frameworks to explore how anagnórisis might manifest differently across diverse contexts. Cultural narratives shape whether recognition moments lead to isolation or belonging, highlighting that anagnórisis is integral to identity development, particularly when new knowledge alters our sense of self. Cultural or ancestral recognition, such as discovering hidden heritage or belonging to a marginalized group, can reshape self-concept without altering the underlying biology or history.

Cultural narratives are embedded in family stories. When these stories are contradicted, people can be in a position to face anagnórisis. In one study, researchers compared participants' expectations of their racial composition before and after receiving DNA results, examining both predicted ancestry and the ways results reshaped family narratives (Lawton & Foeman, 2017). Findings indicated that individuals identifying with the African sample frequently overestimated Indigenous American ancestry and underestimated European ancestry. Likewise, those in the Non-African sample tended to overestimate Indigenous American heritage while underestimating European ancestry. Overall, across both White and Black participants, there was a consistent pattern of expecting more Indigenous American ancestry than the tests confirmed. These patterns suggest the influence of family stories and cultural narratives on how individuals perceive their racial identity. When genetic testing results fail to align with those expectations, a dissonance arises – prompting people to reinterpret their sense of self and family history. This process reflects a modern instance of anagnórisis, where nothing about one's biology has changed, yet the meaning attributed to it is profoundly reconfigured.

Identity development unfolds at the intersection of personal experience and cultural context. Van Der Gaag et al., (2025) describe two different approaches to identity development: reflective identity and situated identity. The reflective identity model frames identity development as an individual process, where the outside world is kept separate from the self. Self-reflection is considered stable over time and incorporates beliefs and values that are generated through self-reflection. In this model, new experiences trigger reflection through two pathways: accommodation or assimilation. In accommodation, individuals alter their self to resolve conflict with new information, while the assimilation pathway prompts a person to reinterpret new information to fit their established sense of self (Van Der Gaag, 2025). Through this model, individuals experiencing anagnórisis may cope by reshaping the new information or knowledge they're presented in a way that fits with their already established sense of self. This highlights the prospective chance of using denial or repression to protect one's sense of self while encountering anagnórisis (McAdams, 2021).

By contrast, the situated identity model emphasizes identity as a social process (Van Der Gaag et al., 2025). In this model, the individual and environment are intertwined in a dynamic exchange, each essential to the other's growth and development. Identity emerges not only through private reflection, but also through ongoing interaction with community, culture, and relationships. When encountering anagnórisis, individuals through this model may be more likely to be open to shift and evolve their identity when they are given new information or discovered additional details about their past that has the possibility of restructuring one's sense of self.

Anagnórisis is a unique experience in that it is the embodiment of the irreversibility of knowledge - once revealed, it cannot be undone or ignored. How individuals integrate this recognition depends in part on their orientation to identity development. Placing anagnórisis within these cultural frameworks deepens our understanding of its impact. In our participant's narratives,

cultural orientation often shaped whether recognition moments produced estrangement or belonging. For example, those embedded in strong community ties sometimes experienced anagnórisis as isolation, while those who had long felt "othered" often found in it a sense of connection. Considering culture in this way highlights the clinical importance of recognizing how meaning-making processes vary across diverse populations and why the same recognition can destabilize one person while empowering another. Because the dataset was largely homogenous, these interpretations should be viewed as conceptual extrapolations rather than empirical findings. Future research using more culturally diverse samples could test and expand these propositions, clarifying how cultural frameworks shape experiences of anagnórisis and belonging.

Clinical Implications

We can see that anagnórisis encompasses recognition moments that underscore the central role of meaning-making in psychological well-being. Clinically, the experience of anagnórisis aligns with well-established frameworks addressing the psychological aftermath of revelation and meaning disruption. Trauma-informed models, grief approaches, and narrative and existential therapies can provide evidence-based tools for supporting this process.

It is important to consider trauma appraisals when supporting individuals who have experienced anagnórisis. A cognitive appraisal refers to how an individual evaluates their thoughts, feelings, and behaviors (DePrince et al., 2010). To focus more specifically on trauma, one would hone in on a trauma appraisal, which essentially evaluates thoughts, feelings and behaviors around a specific trauma or series of traumas. When working with individuals who have experienced anagnórisis, it is essential to facilitate a conversation around what the unexpected news means to them and how it impacts their thoughts, feelings and behaviors. While this may seem obvious, emphasizing the neutrality and timing of this process is significant. Clinicians can be instrumental in walking alongside clients in a way that is comforting and nonthreatening, allowing the client a safe environment to evaluate what this experience has meant to them. Evidence suggests that trauma appraisals, the quantity of unique traumas, and the quality of the survivor's trauma relationship to the perpetrator influence one's likelihood of developing symptomology such as depression and posttraumatic stress (Martin et al., 2013). In this way, anagnórisis can be understood as a unique form of cognitive appraisal, one where clinicians better understand how clients construct meaning from unexpected truths.

Using constructivist theory as a foundation, which asserts that individuals actively construct their own knowledge through experiences and reflection, rather than passively receiving information, we can postulate that anagnórisis is an active process requiring introspection and engagement (Neimeyer, 2019). Clients experiencing anagnórisis can benefit from processing the loss of prior narratives before reconstructing new ones. Gillies and Neimeyer (2006) outline three activities of meaning reconstruction that are involved in the grieving process: sense-making, benefit finding, and identity change. Grievers engage in making sense of the circumstances of a loss and integrating the event into their own life story. Months or years after a loss, grievers can reflect on lessons learned from their experience, adapting to the event while integrating potential benefits in their experience. Positive changes can occur even from an event that initially causes emotional pain or anguish, which involves a slow process of identity reconstruction.

Existential psychotherapy can also be a useful approach to take with clients who have experienced anagnórisis, as this modality promotes the confrontation of the "givens of existence:" death, freedom, isolation, and meaninglessness (Yalom, 1980). There is tension in acknowledging the inevitability of death, while also wanting to continue living. Freedom refers to an individual's responsibility in creating their world, choosing their actions and choices within a limitless

construct. Grappling with existential isolation creates friction between the awareness that we enter and depart the world alone, but we long for protection, connection, and to be part of a group larger than oneself. Meaninglessness refers to the struggle between being a meaning-seeking and meaning-oriented being, while also existing in a universe that we will ultimately depart from, and therefore has no meaning.

Yalom makes the distinction between meaning and purpose by defining meaning as a sense of coherence, significance, and understanding that people construct about their lives. In essence, meaning is why things matter. Purpose is more future focused, as purpose refers to goals, aims, or projects that give life focus and momentum. The search for purpose answers the question, "What am I trying to achieve or become?" (Yalom, 1980). Yalom argues that when clients experience existential disorientation (such as after a loss, illness, or revelation), they often lose both meaning and purpose. Meaning collapses first ("I don't know what this means anymore"), and purpose follows ("So why bother doing anything."). Psychotherapy supports the reconstruction of meaning before the rediscovery of purpose. In existential terms, anagnórisis represents a rupture of meaning that precedes the reconstitution of purpose. Implementing existential or narrative therapy techniques can help to support these conversations.

Clinicians who encounter anagnórisis in their practice could consider the following recommendations to support clients:

- **Normalize the recognition event:** Clinicians can support clients by first naming and normalizing this experience. Neglecting to validate anagnórisis as a universal human experience could cause clients to feel invalidated, isolated, or even pathologized. Normalize the experience using affirming language. The experience of anagnórisis may not be pathological, so clinicians should be sure to not mislabel the experience as such in the absence of pathological symptomology.
- **Avoid premature repair:** Clients likely need to grieve the loss of prior narratives before re-authoring new ones. Clinicians can support this process by helping clients explore if prior narratives still align with their new understanding of reality, and how that impacts their sense of self and belonging. Lingering in this space of uncertainty, therapists create room for clients to mourn what was lost, reclaim agency in meaning-making, and ultimately re-author identities that feel in alignment with their sense of self.
- **Apply trauma-informed pacing:** Clinicians should approach these recognition events with a pacing that mirrors trauma-informed care: emphasizing safety, emotional regulation, and gradual meaning-making over immediate interpretation or resolution. The impulse to "make sense" of new knowledge too quickly can overwhelm clients' capacity for integration, leading to psychological distress. Instead, clinicians can help clients modulate the intensity of disclosure and reflection, alternating between containment and exploration.
- **Support meaning reconstruction:** Utilizing approaches such as narrative, existential, and identity-focused therapies can facilitate integration. Therapists implementing these approaches often act as witnesses to the client's process, providing validation by exploring one's sense of truth, freedom, loss and meaning. Building a tolerance to, and normalizing the discomfort of ambiguity can be a supportive process the clinician can engage with during this period. There should be no rush to answer existential questions (IE: Who am I now that I know this?"), as these models emphasize the importance of holding space for big questions without rushing to resolve them.
- **Reevaluate biopsychosocial assessments:** Considering new ways to obtain intake information can greatly improve our sensitivity to anagnórisis. Asking questions like, "Has

new knowledge recently changed the way you see yourself or the past" can invite the client to explore how newly acquired information has impacted their life.

- **Attend to cultural orientation:** From a cultural sensitivity perspective, attuning to how clients frame their news is an important part of processing. Understanding cultural orientations (IE: individualism/collectivism) and intersecting identities can help clients interpret and move through the next steps of their journey. For some, anagnórisis can disrupt personal values, while for others, it can reconfigure communal belonging. Cultural humility is an important aspect of supporting culturally diverse clients, which requires clinicians to remain curious and introspective, assessing and challenging their own biases.
- **Prepare for future research and training:** Developing intervention strategies, facilitating didactics, and creating standards of care guidelines will help the field respond to anagnórisis and anagnóric mirroring events with greater sensitivity.

Since anagnórisis and anagnóric mirroring are newly defined constructs, further clinical research is needed to establish best practices for supporting clients through these recognition events. By naming this event, we aim to open dialogue across clinical disciplines toward developing a standard of care that acknowledges the destabilizing and transformative impact of recognition moments. Future research might explore intervention strategies, training modules, and assessment tools that allow clinicians to identify and respond to anagnórisis and anagnóric mirroring in diverse client populations.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used AI in order to improve the readability and language of the manuscript. The author reviewed and edited the content as needed and takes full responsibility for the content of the publication.

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Table 1
Participant Endorsement of Anagnóric (Genetic) Mirroring

Misattributed Participant	Endorsed	Donor Conceived Participant	Endorsed
Spinel		Jasper	X
Aquamarine	X	Amber	X
Diamond		Pearl	X
Slate	X	Onyx	
Ruby		Larimar	X
Garnet	X	Emerald	
Coral		Peridot	X
Tourmaline	X	Opal	X
Ammolite	X	Malachite	X
Quartz	X	Howlite	X
Topaz		Granite	
Obsidian	X	Agate	X
Sapphire	X	Amethyst	X
Lapis	X	Citrine	X
Ivory	X	Ametrine	
Jade	X		
Jamesonite			
Turquoise	X		