

Back to [Resources](#)

Relinquishment and Adoption: Understanding the Impact of an Early Psychological Wound

AUG 1, 2019

A Blog by Paul Sunderland, Clinical Director, Outcome Consulting

There is a Chinese proverb that states that the beginning of wisdom is to call something by its proper name. The term "adoption" does not do this but rather disguises a series of complex, developmental traumas that begin with relinquishment and continues on, sometimes through challenging episodes of care, to the adaptations necessary to attach to the adoptive family. The legacy of this trauma for the relinquished child is a conflict between wanting to connect and fearing connection. This is often experienced as a hyper vigilance that has an enormous impact on relationships and functioning which can disrupt the ability to be present, with feelings that one is both "too much" and "not enough".

It is hard to imagine a more devastating wound than a child being separated from its mother at the beginning of life. Trauma is an event that overwhelms ordinary human responses to life and as early separation is a relational trauma it manifests later in life as problems in significant relationships and, more often than not, in attempts at self-regulation through chemical and process addictions. The impact of trauma on functioning is both physical and psychological: heightened levels of cortisol and adrenaline raise anxiety levels leading to difficulties with concentration, while lower levels of serotonin lead to depression, making feelings of shame harder to manage. The trauma victim

becomes reactive rather than reflective and experiences disabling feelings around issues of belonging and abandonment. A hunger for attachment means that the capacity for intimacy is compromised by intense and contradictory feelings of need and fear. In relationships there is a belief that they cannot be accepted for who they are and the sufferer is left literally in two minds; at best indecisive and at worst questioning their sanity.

Infants intuitively know that they will die without care and so relinquished adults experience the possible loss of love as distressing and life threatening. It is no wonder that so many adoptees identify with the diagnosis of love addiction which is after all the requirement for positive regard from a significant other or others in order to regulate mood. The love addict is prepared to do almost anything, no matter how harmful or humiliating in order to gain this regard so that the moral compass moves in direct relation to the need for attachment. Withdrawal cannot be contemplated.

Unlike the computer, the human brain starts working before building is finished. There are 100 billion neurons at birth waiting to make connections based on instructions from life experience. In the first years of life explicit memory systems have yet to be established and the adoption wound is stored, like other early attachment wounds, in implicit memory systems. The unconscious remembers the relinquishment as devastating and makes a mental note to avoid any similar experience at all costs. The conscious mind cannot recall the experience and so has no defence against the old lie that what cannot be recalled cannot have impact. Furthermore, because adoptees have no pre-trauma personality that they can refer to, they develop a false, core belief that their post-traumatic coping behaviour, along with the associated shame and anxiety, is in fact their personality.

It is important to understand too that politics and the establishment play, and have played, an enormous part in the psychological wounds of relinquishment and adoption. Traditionally the world of adoption has referred to “the adoption triad” comprising the adopted child, the birth parents and the adoptive parents. However, this term is also misleading and disguises the fourth party in the adoption quartet: The establishment and the adoption business.

The establishment has legislated the assigning of a new identity and the erasing of the birth identity so that it is often not legally recognised. It is as if the adoptive family owns the adopted child. This is a particular issue for trans racial adoptees many of whom, as well as experiencing disconnect between racial self-identification and the racialization of the receiving country, would struggle to obtain a passport from their, or their birth parents, country of birth. Needless to say this has associations with the historic relationships between coloniser and the colonised.

The business of adoption and the industry that facilitates relinquishment and placement comprises state organisations and religious organisations as well as “kidnappers” and “baby finders”. The impact of some of these practices is being revealed for example in the “forced adoptions” of British babies to Australia and the travesties of the Roman Catholic church’s mother and baby homes for whom unmarried birth mothers were sinners.

It is clear to me that many adoptees have been struggling with a sophisticated, developmental trauma that has been hidden from them and those around them. In many cases it involves a series of traumatic experiences involving attachment changes that are experienced as life threatening. This trauma is hidden from consciousness both by the brain that remembers but cannot recall the events, but also by society that views adoptees as “chosen” and “fortunate”. If mental health is dependent of a commitment to reality then it is vital that we call these traumas by their proper name.

Furthermore, clinical experience shows us that change and recovery begin with acknowledgement and continue with the taking of personal responsibility for solutions. Victims don’t recover but those who dare to take uncomfortable, therapeutic actions certainly can.



Paul Sunderland is an addictions psychotherapist, consultant and trainer with over 30 years of experience in the treatment of addictions.

He is Executive Director of Outcome Consulting and Clinical Director of The Outcome Process. He has previously held the posts of Head of Treatment at Clouds House in Wiltshire and Clinical Director at Crossroads Centre, Antigua.

He has consulted in the set up of treatment centers around the world, is an expert in the treatment of process addictions and has a special interest in developmental trauma.

Paul has spoken at TEDx and has been a regular presenter at iCAAD.

Related Articles

- > [Understanding the Different Approaches in Treating Sex Addiction and Chemsex](#)
- > [Relinquishment and Adoption: Understanding the Impact of an Early Psychological Wound](#)
- > [The Negative Impact of Wealth on Mental Health](#)
- > [When Maths Meets Addiction Nursing. A blog by Professor Catherine Comiskey.](#)
- > [How Much Does Trauma Trigger Chemical Abuse Addictions?](#)
- > [The therapeutic power of music: What does it mean to be holistic in our treatments?](#)

Rome

Rome 2019

REGISTER NOW



+44 (0) 7766 910063

hello@icaad.com



[Upcoming Events](#)

[Past Events](#)

[All Events](#)

[Articles](#)

[Videos](#)

[Slideshows](#)

[Podcasts](#)

[About Us](#)

[Privacy Policy](#)

[Terms of Service](#)

Copyright 2019 iCAAD Events | All Rights Reserved

iCAAD Events is the operating name of Optimal-i LTD, Company number: 10334786