



Brigid O'Shaughnessy

IT'S A LONG WAY HOME

Adoptive Mothers Break Their Silence

Social Work

Collection Editor

KATE PARKINSON

LIVED PLACES
PUBLISHING



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The Social Work Studies
Collection

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Kate Parkinson



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Dedication

There are many people who have deeply contributed to this work and to whom I'm eternally grateful. **First and foremost, to each of the storytellers.** While some of you I have known only for a short time, others of you have become dear friends through this journey. Our phone conversations, text threads, audio notes, group meetups, collaborative projects, and your bravery in sharing have been life savers for me. I did not write this book alone. We wrote it together in more ways than I can count. I cherish you deeply. You know who you are.

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To David, Kate, Janise, and the team at Lived Places

Publishing, thank you for believing in this book and helping me find a home for it. Being in University libraries around the globe gives us a chance to potentially transform the systems of adoption and improve care for vulnerable families. That is critical. Your role in helping to steward this kind of change means a great deal.

Abstract

This book brings together lived narratives from adoptive mothers to examine how early childhood trauma, prenatal substance exposure, and disrupted attachment shape behavior, development, and family life over time. It illuminates the limits of conventional diagnostic frameworks and treatment models, while identifying the systemic failures that so often exacerbate them. It is written in particular for clinicians, educators, medical professionals, law enforcement and emergency service providers, adoption workers, and students in the helping professions. It is also an important read for current and prospective adoptive parents and their families. By pairing personal testimony with reflective questions, applied activities, and research-informed context, the book challenges readers to reckon with complexity, expand professional humility, and imagine more humane, coordinated responses for children and families living at the edge of what current systems were designed to hold.

Key words

Attachment; complex developmental trauma; fetal alcohol spectrum disorder (FASD); reactive attachment disorder (RAD); caregiving stress; mental health and educational systems; systemic failures; advocacy; lifespan outcomes; ethics of care

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Content warning

The next chapters take the reader through a wide range of material, some of which may be extremely challenging to read. Please take breaks as you need them and listen to what your body needs throughout this process as we do discuss issues such as self-harm, suicidality, addiction, child to parent violence, and sexual assault.

The goal of this book is not to overwhelm but to unflinchingly truth-tell in order to stimulate understanding, compassion, and change. Try not to turn away. Stick with these brave women and allow their experiences to transform the ways we think about adoption and the ways we may provide care as social workers, health care professionals, educators, counselors, service providers, and more.

One last caveat: this book is not attempting to paint adoption with broad brushstrokes. We realize that there are adoptees and adoptive families who do not have this set of experiences, nor are we saying that if one adopts, this will be their story. That said, one only has to visit private Facebook groups of adoptive families to know that these stories are not isolated ones. There are many families for whom these stories are their mirrors.

Introduction: Read this as responsibility— Story, lineage, and our work ahead

Adoption is often framed as an event: a placement, a legal finalization, a family formed on paper. In professional settings, it is frequently treated as an intervention with an endpoint—something that resolves uncertainty and stabilizes a child's life trajectory. This book argues for something different. For many families, adoption is not an ending. It is the beginning of a life-long developmental and systemic reality—one that redistributes trauma, risk, and responsibility across the adoption constellation. The adoptee understandably holds the most impact as they are at the center of this reality. However, the responsibility of navigating care most often lands heavily on mothers, while the systems tasked with support remain fragmented, undertrained, and inconsistently accountable.

The chapters that follow are built from verbatim conversations with adoptive mothers conducted with informed consent. They are raising children whose needs are shaped, in many cases, by early loss, prenatal exposure to substances, institutional care,

developmental trauma, disability, and disrupted attachment. Some of these children appear “fine” to outsiders; some hold it together at school and unravel at home; some move through cycles of school refusal, hospitalization, residential treatment, substance use, estrangement, or homelessness. The stories vary in acuity, family structure, race, and geography, but they share a through line: These mothers became *de facto* care coordinators for challenges that no single discipline is equipped to hold. They learned, often the hard way, that a weekly therapy hour cannot holistically address deeply rooted harm; that typical behavioral frameworks can misread survival adaptations as “oppositional defiance”; that parent-blame can become a secondary injury; and that loving a child does not dissolve neurodevelopmental impairment, trauma physiology, or the cumulative grief of identity loss.

While this book is currently shaped in some ways as an academic text designed to support both current and future professionals, this is not meant solely to land in the laps of clinicians and educators. The stories in this book can also serve as a guide for the general public. As you will likely see in the forthcoming pages, the issues described in this book point to major public health issues and demand large-scale, multi-layered attention and action from a wide range of individuals and communities.

It is important to note that this is not necessarily an anti-adoption text, nor is it a collection of exceptional tragedies curated for shock. Many adoptees and adoptive families experience joy, belonging, growth, and deep mutual attachment. However, our cultural narrative—reinforced by fundraising campaigns, media portrayals, and even professional training—too often leans on a

"happily ever after" storyline that collapses complexity into gratitude. When that narrative dominates, families whose realities do not align with it are left isolated, disbelieved, or misdiagnosed. Clinicians can reach for familiar labels rather than accurate formulations. Schools can interpret nervous system overwhelm as willful noncompliance. Medical providers can miss prenatal exposure and assume "good parenting" will eventually win. Parents can internalize failure for conditions resistant to love or effort.

The purpose of this book is to interrupt that pattern. It invites readers in the helping professions—social workers, educators, physicians, nurses, psychiatrists, adoption professionals, and students—to practice a different kind of attention. Not attention that searches for a quick fix, a program, or a single root cause, but attention that can hold layered truths at once: a child can be both deeply loved and feel profoundly unsafe; a parent can be both committed and ready to walk away; an intervention can be both "evidence-based" and insufficient; a family can be both resourced and overwhelmed. These complex and multi-layered narratives ask you to expand what you assess and what you consider "successful" support. They also ask you to reconsider the nature of responsibility. Too often, the weight of coordination and containment is privately carried by families, while institutions respond episodically—during crises, after harm, or when a child's distress becomes visible enough to be funded.

Across chapters you will see repeated themes—the revolving door of services; treatments without lasting impact; the loneliness of being judged rather than helped; the erosion of friendships, marriages, and health; and the recurring fear that there

may be no stable future. This repetition is not incidental. It mirrors how many families live: not in linear progression, but in cycles—periods of fragile calm followed by rupture, repair, and return. If you find yourself wanting resolution or a neat lesson, notice that impulse. Part of the work here is learning to stay present with what does not resolve quickly, because that is the reality many adoptive families face.

This book also asks for your humility. You may encounter details that challenge your professional training or practice or reveal gaps in what your field emphasizes. This includes the prevalence and under-recognition of prenatal alcohol exposure; the limits of standard talk-therapy models for children with neurodevelopmental impairment; the ways “good behavior” in institutional settings can reflect fear and compliance rather than wellness; the ethical tension between attachment needs and safety needs; and the invisible labor required to hold a family together. You will also be invited to think cross-disciplinarily—not as a slogan, but as an actual practice. Supporting these families often requires coordination across pediatrics, psychiatry, social work, education, disability services, crisis response, housing, legal systems, and community-based networks of care. When systems stay siloed, families pay the price.

Finally, this book makes room for hope—but not the thin hope of reassurance or exceptional outcomes. The mothers in these pages do not offer hope as optimism. They offer hope as a discipline: the decision to witness without abandoning, to set boundaries without severing love, to seek moments of repair inside chronic uncertainty, and to build “stone soup” networks of collective care when the official supports fail. For professionals, this

form of hope asks something concrete of you: to move beyond platitudes and toward sustained, practical partnership; to listen with precision, compassion, and creativity; to name what you do not know; and to align your interventions with the realities families live in, not the narratives we wish were true.

Read these chapters as testimony and as training. Let them complicate your assumptions. Let them sharpen your questions. And let them expand your sense of what ethical, effective support can look like—when adoption is understood not as a rescue story, but as a lifelong human and systemic responsibility. We have much to learn from one another.

Methodology and form

This book emerged through a relational, iterative, and story-centered methodology rather than a predefined research design. I began by reaching out to a wide range of adoptive mothers whose lives intersected with both mine and adoption in different ways—through already existing professional and personal relationships, informal networks of care, online support groups, adoption camps, and residential treatment programs. I intentionally invited women who seemed to feel a hunger to speak, who sensed that their experiences had rarely been welcomed in public or professional spaces, and who were motivated to break the silence surrounding taboo topics such as child-to-parent violence, ambivalent feelings around caregiving, and what it means to find themselves in serious ethical binds. Participation was always voluntary and fluid; some women stepped back when their children's lives stabilized and they wanted to remain in a lighter season, a choice that was respected without question.

Over time, the project found its own form. Stories were first gathered through paired conversations between mothers, then through group sharing circles, monthly support groups, audio notes sent at all hours of the day and across time zones, as well as writing opportunities. This was so meaning-making did not flow solely through me. The work was initially shaped into documentary theatre monologues, drawing on my long-standing practice with Erasing the Distance, the non-profit organization I founded and ran for over a decade. Actors reflected these stories back to the mothers themselves and that process—hearing one’s lived experience spoken aloud—became a powerful bridge between silence and shared language and further opened the path toward this book.

Ethics and intentional choice

I curated this book to preserve the texture, struggle, and unfinished quality of these stories in the mothers’ own words. Rather than smoothing narratives into diagnostic summaries or clinical case studies, I wanted readers to encounter the complexity that caregivers live with daily—complexity that rarely fits into ten-minute pediatric visits, one-hour intake assessments, or standardized school documents. Storytelling allows learning to move beyond cognition into felt understanding, and it honors realities that theory alone cannot hold. At the same time, I made deliberate choices about inclusion. I sought families across a wide range of adoption pathways, ages, family structures, racial and cultural contexts, belief systems, and child presentations—internalizing and externalizing, early childhood through adulthood—to disrupt persistent myths about who is “at risk” and under what

conditions. What I attempted to resist throughout was sensationalism or pathologizing. This book tries not to frame children as problems to be managed or caregivers as heroes for surviving impossible conditions. Instead, it holds the lives of adoptees alongside the often-invisible impact on caregivers, insisting that *both* matter.

Purpose, lineage, and call to action

I am especially grateful that this book is being published with Lived Places Press and will live in university libraries around the world, because it is written as an intervention into how future professionals are trained—and how harm is either interrupted or reproduced through that training. As a social work graduate student at the University of Chicago, I was fortunate to study adoption, foster care, and kinship care within a global and historical framework. I learned about some of adoption's colonial roots, including the forced removal of Indigenous children into boarding schools and white families as a tool of assimilation, as well as the ethical rupture that led Black social workers to form the National Association of Black Social Workers in resistance to transracial adoption. These histories profoundly reshaped my understanding of adoption, yet they remain absent from much academic curriculum.

I did learn extensively about the neuroscience of trauma as well while in graduate school. However, I was not taught specifically about fetal alcohol exposure, the prevalence of child-to-parent violence, or the predictable ways that diagnosis-driven, crisis-oriented systems funnel adoptees and their families toward

medicalization, criminalization, and institutionalization when relational, neurodevelopmental, and systemic understanding is absent. It was only through lived experience and collective truth-telling that I more fully realized that these outcomes are not anomalies or failures of individual families, but foreseeable consequences of professional misguidance embedded in training pipelines, funding and insurance structures, and policy design. This book speaks directly to those who will one day write those policies, control budgets, shape curricula, authorize interventions, and determine which lives are deemed manageable within existing systems. These stories are testimony to the need for not only more compassion but also better tools and anti-oppressive, anti-colonial systems of care. They call for more than continued reliance on systems that are structurally incapable of meeting the realities they confront. We challenge educators, clinicians, adoption agencies and policymakers to dismantle training models, care pathways, and adoption narratives that obscure risk, privatize suffering, and mistake survival for success. We call for building new frameworks that are historically informed, neurologically literate, and ethically accountable. Neutrality is not an option. To continue training professionals without confronting these realities is to knowingly participate in systems that cause harm. If this book reaches students who will one day shape policy, lead institutions, or design systems of care, my hope is not simply that they will understand adoption differently but that they will *act* differently, refusing to reproduce a status quo that has already done too much harm to adoptees, birth families, and the caregivers caught between them. This is our purpose and our hope.

Meet the storytellers

For this project, I gathered stories from over 20 adoptive mothers through long-form interviews. I chose to highlight eight of them in this book so that each mother's experience could be amplified and the reader could have a more reasonable number of narratives to follow. These eight mothers were also willing to do multiple interviews with me, share in group sessions, send additional audio notes or write with responses to prompts. This allowed for more depth, nuance, and detail and created space for each mother to speak across domains such as health care, school, and race in adoption. Given that you will come to know these mothers in deep ways throughout the chapters, I would like to first introduce you to each of them.

I've had the pleasure of coming to know them, some over the last year and others over the course of decades, and I'm honored that they were willing to share their stories with me and now with you. Each of them risked vulnerability in the hopes that their experiences might help others better understand what can be the lifelong impacts of adoption.

Each mother wrote their own introduction. All names have been changed to protect confidentiality.

Meet Betty

Betty and Jean are a white married couple living on the East Coast. Betty was previously married to a man with whom she adopted Harlan, now 25. She adopted Hailee, who is now 20, on her own after their divorce. For many years, Betty lived in California and worked as a single mom, navigating the complex challenges

related to the trauma histories and behavioral health needs of both of her kids. Betty and Jean met online during the early years of the Covid-19 pandemic. Jean is also an adoptive mother to two children with significant challenges. The two sold their respective homes, relocated together, and built what Betty calls their “dream retirement home,” a place intentionally designed for stability, quiet, and hospitality. They are currently raising Lincoln, Jean’s four-year-old grandson, who has been living with them since early childhood.

Meet Christina

Christina is a white single mother by choice, living in the suburbs of a major American city. She adopted her son Robert on her own at age two from an orphanage in Haiti. Robert is now 14 and in his first year of high school. Both of his birth parents are no longer living, but they do have contact with members of his biological and extended family. Christina is a trauma-focused social worker and artist and has worked in the mental health field for over 25 years. While she has a strong network of friends and colleagues, Christina has no family nearby, meaning care falls exclusively to her. She is very active in social justice efforts to lift the veil on adoption, ensure prospective adoptive parents have more comprehensive education and preparation, and push for overhaul within systems to better protect all members of the adoption constellation, including birth/first families.

Meet Heidi

Heidi and Roy are a white married couple living in the suburbs of a major American city. They have been married for over

25 years, although both report that their marriage is in a precarious place due to caregiving stress. They have one biological male child who is in his 20s. Their daughter Clara is 16. She was adopted from an orphanage in China when she was nine and a half months old. They have no information about Clara's birth family as she was brought to the orphanage door with no identification and no contact was made by the birth family with the orphanage directors. Roy lost his job over a year ago, and his severance has run out. Heidi works part-time as she still has to provide supervision for Clara during after-school hours due to previous risky behavior. While financial matters create deep stress, she does take great enjoyment in her work and has grown to become a forthright advocate for her daughter in many settings.

Meet Isabella

Isabella is a white, highly educated, and successful professional woman who postponed motherhood until she was 41. She and her second husband, Noah, also white and then age 62, adopted Sofia from South America when she was five months old and divorced when Sofia was around 6. Isabella has remained single since the divorce. She and Noah provided a strong family base for Sofia until Noah passed away ten years ago due to complications of Parkinson's. Sofia is now 35 years old and, while able to maintain part-time employment, still financially relies a great deal on Isabella. This is a deep cause of concern, especially as financial resources are not infinite and Isabella is in her mid-70s and semi-retired. Isabella has remained steadfast in her support of and caring for Sofia. She is highly active in her community,

working for social change on many important causes, including amplifying the voices of older adults.

Meet Julie

Julie is a white, 43-year-old woman, married to her high school sweetheart, Isaac. They currently live in London, England. They are parents to Miles, age 11, and Xander, age 7. Both boys are black and were adopted domestically at birth in the United States. Miles is autistic and has ADHD (Attention Deficit Hyperactivity Disorder). Xander is currently being assessed for FASD (Fetal Alcohol Spectrum Disorder). Julie and Isaac maintain open adoptions with both of the boys' birth families, primarily birth mothers and biological siblings. Julie and Isaac feel that maintaining relationships with their children's birth families has been the greatest gift of their lives, changing their ideas of family and connection. Julie works part-time in the field of adoption supporting birth mothers, and also continues to work in creative spaces as a writer and theatre-maker. Her creative work focuses on the intersection of race, open adoption, and neurodiversity. Julie advocates fiercely for both boys and, when she needs a break, trains for marathons.

Meet Lynn

Lynn and Ellen are a white married couple living in the suburbs of a major American city. They have been together for 33 years. Both of them are long-time educators within the public school system. They have two adopted children. One is Will, aged 17, who is described in this text, and the other is Ryan, aged 11. Will is Mexican-American and was adopted domestically from a local

agency at six weeks. They met and had contact with Will's birth mother, who was 19 at the time, and had to hide her pregnancy from her family due to fears of being evicted from the home. Lynn and Ellen have become deeply educated about attachment and trauma in the last 10+ years. Their son is currently in a therapeutic boarding school environment and has been for the last four years.

Meet Stacy

Stacy is a white, highly successful businesswoman working in the market research industry and is a passionate advocate in the political sphere. She is an adoptive mother to Riley, age 14, and has a biological son, age 16. She lives in the suburbs of a major American city. She is currently divorced, and Riley now lives full time with his father. She and her ex-husband have a close relationship and work collaboratively to make decisions regarding Riley's education and care.

Meet Therese

Therese is a white adoptive mother to 17-year-old James and has been single parenting throughout their time together. She is a well-educated and well-traveled, 31-year veteran elementary school teacher who lives with James and their dog in the Western United States. Coupled with the trauma of adoption itself, her son survived additional pre- and post-birth trauma, including the partial collapse of his orphanage during the 2010 earthquake in Haiti. By necessity and love, she is fully involved in learning about, and moving through, the many layers of trauma and its impact on families.

Prelude: Lives before they became stories

Before the meetings and evaluations, before the diagnoses and reports, before anyone asked what went wrong, there were children—and there were relationships.

There were days filled with movement, imagination, curiosity, and connection. There were children who were bright-eyed and sparkly, fearless on bikes and playgrounds, endlessly inventive with cardboard boxes and dress-up clothes. There were rituals, inside jokes, elaborate games, and bodies that trusted themselves to climb higher, go farther, and land safely.

These memories are not offered as proof that things were once “easy” nor as a denial of what came later. They are offered simply because they are true. They reflect the fullness of who these children were—and are—and the depth of the relationships that hold them. Long before crisis entered the frame, these families were already shaped by love, attentiveness, delight, and in some cases, fierce attachment.

What follows are the mothers’ own words, shared verbatim with their consent, from recorded conversations as well as through their written sharing. They are not composites or reconstructions. They are memories as they were lived—sensory, specific,

and embodied. This chapter sits at the beginning intentionally, not to soften what lies ahead, but to ground it. Without these stories, everything that follows risks being misread.

These excerpts are from just a few of the mothers whom you will meet in this book. All of them could have been featured. However, for length's sake, it was decided to highlight just three in order to give you, the reader, a window into the beginning.

Isabella

"Even as early as five months of age, Sofia was beautiful, lively, engaging, bright-eyed, and sparkly. Everyone was drawn to her, and she related so well with people of all ages.

Sofia loved being at her grandparents' farm. She played with their rescue dog and watched him bury his ice cream cone, then whine when he couldn't dig it up. First she would laugh, and then cry a little over his bewildering loss. She spent hours on the merry-go-round with her cousins, the one her grandfather towed from the country schoolhouse her grandmother had attended. She explored the hay barn with her aunt, jumping from bale to bale, spreading her arms like wings, always laughing.

Her grandparents had a trailer by a lake, and fishing was a favorite pastime. Sofia was a patient and enthusiastic fisherwoman. She and her grandmother always caught the most fish. She loved standing next to her grandpa in the fish house watching him gut and clean the day's catch, even though she herself did not eat fish.

At age six, Sofia convinced me to get a dog, the same breed as our friend's. She walked home from school during lunchtime

every day to care for the young pup. She loved taking the dog for walks and cuddling on the sofa watching cartoons, *Sailor Moon*, for sure.

Up until she started school, Sofia would come to my side of the bed on weekend mornings and announce our play agenda. Her favorites were sewing clothes for her two puppets, serving tea in her indoor playhouse, and walking to a nearby playground for the slides and swings.

In elementary school, Sofia had a mix of friends—girls and boys, white, black, brown, and pink, as the kids identified themselves. Our house was on the way to school, so most mornings three to five kids would stop by for smoothies, and sometimes they left with a sandwich for lunch. I had a small basketball court put in behind the garage so kids could gather and play. Mostly the girls watched the boys play, but Sofia practiced shooting baskets on her own or with me. When she joined an extramural girls' basketball team, she scored the winning point in one game.

Sofia enjoyed discovery and play through travel. Strapped on my back, she explored rugged coastlines and small mountains, always with her toy duck. When she could walk, she often led her dad and me on hiking trails, eager to point out which sign was the right one to follow. She didn't get rattled—not when we were lost in the mountains for about six hours. Many years later, she remained calm when I took a wrong turn in Costa Rica and we ended up on top of an active volcano as the sun set, descending in the dark in the middle of a major thunderstorm. She said she knew her job was to help me stay on the road."

Christina

"When Robert was little, we were joined at the hip. I carried him everywhere. When we lived in the city, we lived on a street with a ton of kids from all over the globe, and I was the only parent who had a more flexible schedule, so it was me and like twelve kids. We turned our street signs into basketball hoops, and we would play basketball out there for hours. Robert was extremely well loved and looked out for by these kids.

We would go on bike rides together all the time too. That was actually a really big thing we used to do. Robert has always been very physically gifted. He learned how to ride a two-wheel bike by the time he was 3, and shortly after that, he was able to ride no-handed. He would bolt awake at 5 am every morning and yell, 'Let's go!' and then run to take his bike to this store parking lot around the corner with a bit of a dip in the road so he could go really fast down hill. One of my favorite memories was when we were actually part of a huge bike ride in our city. He was only four at the time, but he biked twenty-plus miles on a two-wheel bike on his own, and I was riding alongside him. It was amazing.

When we moved to the suburbs, he made a best friend here almost immediately. They would play Beyblades for hours together. They would make up these ridiculous 'pranks' they could do to me around the house that were so obvious. They would dress up as characters from this one zombie show. They'd spray their hair with all sorts of color, they had these special jackets they would wear, and they would howl at the moon! They had lemonade stands. They had their own little business. We