

When Things Get Back to Normal

by

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It was the hardest thing I've ever done in my life.

On September 9, 2004 through swollen eyes, I watched the three-year-old I'd taken care of for six months leave my life. I had been crying for two weeks. Her eyes were dry. I stood in my driveway until the social worker's car turned out of the subdivision. *Kennedy did not look back. My husband and I had planned to adopt her, but I stopped it. I *disrupted* the process. That's the term the social workers used. I alone made the decision to end the adoption because my husband would not share the responsibility. I made the decision because I couldn't be Kennedy's mother anymore.

By the time we met with the social workers for the last time to pound out plans to terminate the placement, they were out of tricks. During the previous six months, a parade of college educated professional caretakers had used all of the skills of their craft to persuade me to keep Kennedy. None of them could help me resolve the problems she came into my home with; problems that I had not been completely informed of. After much praise for my efforts and subtle threats to stop the adoption themselves, the lot of them acquiesced. And I submitted to my limitations.

Bringing Kennedy Home

Brian and I took the ten-week adoption preparation classes a year before the adoption agency social worker called about a nearly three-year-old girl Kennedy, who had just become

available for placement. We'd jumped through all of their hoops, exposed ourselves from net worth to tuberculosis status, so we were ready when the call came. The social worker was excited: years had passed since the agency last had a little girl to offer a waiting family. We already had two boys from previous marriages and we'd wanted a girl desperately. But there was a catch. Originally, we'd agreed to consider only children who were legally cleared for adoption, meaning the birth parents' rights were terminated. Kennedy's termination case was still pending a final hearing. In order to bring her home, we had to agree to a "foster-to-adopt" contract with the adoption agency and the Department of Families and Children Services (DFCS) in the county where our future daughter lived. The agency social worker assured us that the hearing to sever the birthmother's rights would happen during the required six month placement period before the adoption could be finalized. We were reluctant. This was not the way we'd wanted to adopt, but desperation prevailed.

At the initial meeting, Brian and I came to the table with a typed list of questions. It was five pages long. After the social worker summarized Kennedy's case (she'd come into foster care the year before after her drug-seeking mother left her alone in an apartment), we lead with the heavy questions. Were there any drugs in Kennedy's system at birth? Have there been any signs of sexual abuse? Does she have siblings in DFCS care? If so, does she have contact with them? When was the last time Kennedy saw her mother?

The DFCS caseworker, Ms. Thomas, showed up late for the meeting and without Kennedy's file, but she was able to provide adequate responses to the tough, yet general questions. When we got more specific and asked about Kennedy's eating habits, and how she got along with the four children in her foster home, she struggled. "I'll have to get that information from the foster mother."

We asked about the foster mother. We wanted to know what kind of person had been caring for Kennedy. Our new daughter would be growing up with our eleven and twelve-year-old sons, so the foster mother's influence on Kennedy was significant to us.

"She's nice. She works from home." Doing what? "Oh, she's a jack-of-all-trades." This was the first sign that we were not being fully informed. We noticed, but decided instead to focus on our child lust.

I had prepared questions about attachment based on the research I'd done on toddler adoptions. I was a mental health counselor at the time and I wanted to be aware of issues that might surface when we brought our new daughter home. We were told that Kennedy had a strong attachment to her foster mother and called her mommy. From what I'd read, this was a good thing. It meant she could form relationships, give and receive love. It also meant that we would be faced with resistance during our initial meetings. We were willing to deal with that. The news of Kennedy's attachment overshadowed her behavior problems (hitting and cursing) and muddled enunciation all explained by Ms. Thomas as minor imperfections easily corrected with redirection. We were lead to believe that, for the most part, Kennedy was a well-adjusted child. At the close of the meeting, a tentative date and time for our first visit with Kennedy was set for the coming Sunday, which was also her third birthday.

The day before the first meeting I spoke with Stephanie, Kennedy's foster mother. Again, I asked questions about Kennedy's behavior. She did not provide much more information than Ms. Thomas had. But that didn't matter much because she let me talk to Kennedy. The child's voice was assertive and her words jumbled. At times I struggled to understand her, but I didn't see the speech issues as a big problem. It was something we could work on. When I ended the call, I felt more encouraged about meeting Kennedy.

Ms. Thomas was late bringing Kennedy to our meeting place that Sunday, a Chuck e Cheeses' restaurant about an hour from our home. We'd walked into the restaurant with the adoption agency social worker, Ms. Williams. While we waited, I set the table with birthday plates and hats, balloons and a cake. Thirty minutes later, Ms. Thomas and Kennedy arrived.

I remember feeling disappointed when I saw her. Kennedy looked too big to be three in her faded blue coat with the broken zipper. She looked like a big four or a just right five. I didn't immediately like her looks, either. Like me, Kennedy was a rich, chocolate brown. Her dark eyes were large, but slanted at the outside corners. Her nose was flat and broad, and her thin lips formed a wide smile that plumped up her chunky cheeks. Kennedy's thick hair was pulled into four afro puffs that were so tight strands around her hairline had broken off. Under her coat, she wore a barely fitting red sweater with plaid hearts and blue ribbons that buttoned down the front and navy pants that were simply too tight. After the first meeting, everyone who saw the pictures we took of Kennedy commented on how cute, adorable, and beautiful she was.

I didn't come away from the visit with that feeling. I began to wonder if my old demons had resurfaced. The same demons I fought in high school and college that had convinced me that my dark skin was not beautiful. I decided to handle the uneasiness by taping Kennedy's picture to my desk at home so that I could look at it daily and find what everyone else seemed to see right off. Now, when I examine pictures of Kennedy and see her obvious beauty, I realize that it wasn't her physical attributes that I found unappealing, but the darkness I felt coming from her spirit.

The issue of attachment came up again during that first visit. My counselor radar honed in on a problem, but I didn't share my concerns with anyone. Although we had been informed that Kennedy had a strong attachment to her foster mother, she was very comfortable with Brian,

our sons, and me. She interacted easily with both of the social workers as well. There was no resistance. There were no tantrums or crying. It was like she had been around all of us her entire life. And there was another thing: During the visit, not only did Kennedy call Ms. Thomas “mommy,” but she also called me mommy when we walked away from the group to play. I kept my troubled feelings to myself. After such a long wait, I didn’t want to rock the boat.

We had a total of six pre-placement visits. The first two were under the supervision of the social workers. There were two unsupervised day visits and two weekend visits that were also unsupervised. DFCS only required three, but the agency social worker, Ms. Williams, wanted to make certain that things were going well before Kennedy was placed with us. “Since she’s so attached to the foster mother, I want to give Kennedy more time to make the adjustment,” Ms. Williams explained. The social workers readily threw the word “attachment” around during the pre-placement visits, but actively avoided it when I was pleading for help with that very issue after Kennedy was placed in our home.

Both sides of our family were introduced to Kennedy during the unsupervised visits. My parents fell fast and hard for her. They both commented on how much she looked like me: dark skin with muscular arms and thick legs. By the end of their first meeting, Kennedy was sitting in my father’s lap allowing him to feed her from his plate. “I can’t believe she’s still eating,” my father exclaimed, tickled by the open mouth Kennedy presented after each fork full of lasagna. She ate with abandon, even with her belly straining against her pants.

My mother-in-law, a divorcee who lived alone and organized monthly dinners with her two sons and their families, was not so easily swayed. She carefully watched Kennedy during their first meeting and observed her interactions with my brother-in-law’s three children who were then ages one to six-years-old.

“She doesn’t look three. I think she’s four.” I could tell my mother-in-law was using her nursing experience to size Kennedy up. Later, as my daughter’s problems drifted to the surface and I confided in my mother-in-law, she told me that she’d noticed Kennedy’s aversion to eye contact and opposition to adult authority during that first meeting.

“If you decide to give her back, I’ll support you.” I saved her words in my heart. Somehow I knew I would need them later.

The Beginning of Full Awareness

On March 10, 2004 I picked Kennedy up from the foster mother’s house and brought her home for good. I wasn’t working, as I had been determined to spend some time at home with any child we adopted just as I had with my own son. So, I was focused on Kennedy and her behavior during our “getting to know you” phase. Just from the visits, I was already working with a collection of incidents that no one could explain.

During the first overnight pre-placement visit I set out to wash and comb Kennedy’s matted, dry, and weak hair. Her bath was uneventful, at first. She had toys to play with and we sang songs while I bathed her. When I used the clean, un-soaped, white rag to saturate her hair in preparation for shampooing, starting at the back of her head, Kennedy released a piercing scream. It sounded like someone was ripping her apart. “No water, Mommy. No water!” It scared the shit out of me. Her response was immediate: One minute she was singing and playing, the next second she was attempting to claw her way out of the tub like a new puppy fresh from the pound. Her strength was incredible. I struggled to keep her in the water. She didn’t want me to touch her. She didn’t want water on her head. She just wanted out.

When Kennedy calmed down, we made a deal. I produced a dry washcloth that she held over her eyes. Only then would she allow me to wash her hair while she trembled and sniffled throughout. My husband was at work, my twelve-year-old son was downstairs engrossed in some television program, and I was stuck in the upstairs bathroom with a whimpering Kennedy. I was shocked and frightened by her outburst. I washed her hair as quickly as I could. By the time I got her out of the tub and dry, I was shaking and near tears.

Fear of water on her head or face were just the beginning of Kennedy's issues. The others centered on eating, toileting, and sleeping. A reluctance to participate in learning and following instructions were also problems, as were her interactions with my stepson. Within the first month of being in our home, Kennedy went from having to be told to stop eating, to refusing to eat, because she was not being presented with the fast food menu she had apparently become accustomed to while in foster care. Kennedy knew every fast food restaurant by sight. Before I started ignoring her demands, every time we got in my truck, Kennedy would beg for McDonald's. She would beg the entire time we were out, even if she had just eaten. As a result, I cut out all visits to McDonald's and the like.

In my attempt to re-program Kennedy, I presented her with home cooked meals of baked or grilled lean meats and fresh vegetables. She would scarf down the meat and beg for more while ignoring the vegetables. I changed strategies. I offered only vegetables first, with a promise of meat to follow. Her response was to not eat. I had learned from my research that adopted toddlers could often be finessed into being cooperative if treated like infants. So, I started feeding Kennedy. There was success for a time, maybe two to three weeks then she refused to accept food from me. There were some things she would eat without resistance:

alphabet soup, vegetarian pizza and lasagna. I offered those dishes frequently and supplemented her diet with vitamins.

Kennedy's eating habits played into the toileting problem. Again, I noticed it during the pre-placement. Kennedy would only move her bowels once every two to three days. I asked the foster mother about it while we were still talking (as the problems mounted, I felt I had been deceived and so, I cut off contact), and she had confirmed this, but did not seem alarmed by the fact. I was, so I would instruct Kennedy to go to the bathroom after every meal, again, dealing with her as if she were a much younger child. At first she went willingly. Then it became necessary for me to escort her because she would not get out of her chair. No matter how she got to the bathroom, she still wouldn't *go*. I have pictures of Kennedy asleep on the toilet after a long day and a rough dinner session. She was indeed beautiful, but she was starting to drive me crazy.

My new daughter's sleeping habits were also contributing to my loss of sanity. Initially, Brian and I worked together at night to gradually ease Kennedy into adjusting to her own room. We started by letting Kennedy fall asleep in our bed. Sometimes we were both in the room, other times there was just one of us. Once she was asleep, Brian would take her upstairs to her bed. In the beginning, Kennedy would wake up hours later crying and sometimes screaming. After conquering that hurdle, we took turns taking her upstairs, reading a story or two, and reciting prayers. The parent on duty would stay in the room until Kennedy fell asleep. In spite of all of her challenges and unfortunate history, Kennedy was a very bright child. The nightly ritual grew longer with her attempts to engage in conversation while fighting off the compulsion to yawn.

After a few weeks, when we felt confident that Kennedy was comfortable in her room, the routine changed: kisses, story, prayers, bed, and then the parent on duty would exit. Kennedy voiced her displeasure with the change by screaming at the top of her range for almost an hour

every evening. One night my mother called during the screaming marathon. I had shared my concerns about Kennedy with her and she'd helped me come up with ideas for handling problems as they surfaced. Even so, my mother did not believe my growing frustration was warranted. "You've forgotten what a three-year-old is like. You don't have the patience anymore."

"Do you hear her?" I walked to the middle of the staircase and held the phone up in the air. "That's what I've been trying to explain to you," I said when I brought the phone back to my ear.

"Tell Kennedy Granny said to stop that crying and go to sleep." Hell, if that was all it took to get Kennedy to cooperate, a phone call from Granny would have been a requirement at every meal, toilet session, and pre-school lesson. I had to remind myself that Kennedy still had both of my parents wrapped around her little finger. They did not believe Kennedy was the problem.

We learned to ignore the evening screams. I extended my son's bedtime so that Kennedy would be passed out by the time he went to bed. Nathan was not particularly disturbed by Kennedy's behavior. He was twelve at the time, so a lot of it was funny to him. I didn't have the luxury of laughing about it. When the evening screaming stopped, the afternoon naptime screaming began. Every day was something different. I might have one good day with Kennedy out of ten days. The blessing of an uneventful naptime, the enthusiastic recital of her numbers, and an enjoyable walk around the neighborhood would give me a little hope, until it was dinner time, or bedtime, or Kennedy was required to keep her hands to herself. I paid heavily for each good day.

Payment was frequently in the form of defiance. The three-year-old girl only made voluntary eye contact when she was saying “no” to instructions or demanding something that she wanted from an adult. She came off as fearless to me. I would not respond to her aggressive talk, nor would I answer her if she didn’t make eye contact or failed to say “please” and “thank you.” She lost privileges when she refused to cooperate with the day’s lesson. When Kennedy was placed with us, she couldn’t count to ten. She didn’t know the entire ABC song either. But she was prolific in her use of profanity. Kennedy spent a good bit of her day in time-out as a result.

The presence of my stepson (who my husband and his first wife adopted as an infant) seemed to encourage Kennedy’s bad behavior. I believe they recognized each other on a spiritual level. When James visited for the weekend, Kennedy acted out more. She hit him on several occasions. I know that James provoked her because he was no longer the sole problem child in the family. Since the age of three, James had been diagnosed with ADD, ADHD, dyslexia, depression, bipolar disorder, and oppositional defiance disorder. Seeing that he was evenly matched, eleven-year-old James was always eager to tell on his new sister. One Saturday morning, after I had sent Kennedy upstairs to complete her three time-out minutes (I know what the books say, but at that point in the game, I needed to pretend she was not there sometimes.), James ran down to announce her latest transgression.

“Mudear, Kennedy is upstairs saying bad words.” I asked him what she was saying. We had trained our boys so well that, even when given permission to repeat a bad word, they would only say the first letter. “She’s saying the “b” word.”

I sent James back up and followed behind him quietly. I stood outside of Kennedy’s door and listened to her say “bitch” over and over again. I was furious, but she was already in time-out. What else could I do?

I was beginning to break down. Kennedy had been with us for almost two months at that point, although, it all seemed like one non-stop day to me. I didn't know on any given morning when a new "symptom" would surface or during which evening ritual a conquered behavior would resurface. I was starting to lose it. I needed help.

Fighting to Let Her Go

I had been e-mailing both of the social workers throughout the pre-placement visits and between monthly home visits that each one made to eye-ball Kennedy. I informed them of the things that I was dealing with; things that I couldn't get a handle on. Mostly, they glossed over my concerns by not addressing my questions in their responses and bringing up happier issues. During the third visit with Ms. Williams from the adoption agency, I expressed my irritation with this treatment. "Maybe I haven't been making myself clear," I started avoiding eye contact because I did not want her to see the anger I was chewing on. "Kennedy's problems tell me that there are issues we were not made aware of when we started this."

Ms. Williams was young, maybe twenty-five, with a brand new social work degree in her hip pocket and little experience in the field or in life. I was beginning to see that I sounded ridiculous to her. Her words co-signed my theory. "But you're doing such a good job." I wasn't sure what her point was. I already knew I was good at being a mother. What I needed was assistance deciphering the behaviors my daughter was exhibiting. "You're teaching her manners. She says please and thank you now. And Kennedy looks clean and seems to be well taken care of." She had no idea what it took to keep Kennedy that way.

I had started researching Reactive Attachment Disorder (RAD) after flipping through my copy of the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) and finding

symptoms that matched what I was seeing in Kennedy. The symptoms included a combination of the child's behaviors (resisting physical contact, poor eye contact, overly friendly with strangers while also rejecting the caregiver) and the parent or caregiver's (neglectful of the child's emotional, mental, and physical needs). I could easily see Kennedy in the description and the parental symptoms aligned with what I knew about her birth mother's behavior. I printed out information about RAD that I found online for Ms. Williams to read. One page from a parent website was a checklist of behaviors. I'd marked off many of them.

"It's easy to read into things like this. You can probably see some of these behaviors in your son," Ms. Williams announced to me during one particularly trying home visit. I looked at my very calm, focused son as he watched television. Then I turned my attention to Kennedy who had been hitting, cursing, and throwing things at each one of us through-out the social worker's visit. The similarities escaped me.

I can't remember how that meeting ended. I do recall being angry. I know I was on the phone with my friend, Robert, who was also a social worker, as soon as I closed the door on Ms. Williams. He was helping me come up with strategies, too, and also talking me off the ledge and disarming my mental firearms nearly every day.

A month later, Ms. Williams sat on my couch again. It was June. I didn't make an attempt at being pleasant, I was simply direct. "I need help. If I don't get help, I'm going to stop this adoption." She heard me that time. By the end of the day I had referrals to two psychiatric facilities that specialized in the treatment of mentally ill children. By the next home visit, I had a new social worker. I don't know if I scared Ms. Williams off, but I was sent an older (early thirties), more experienced social worker, Ms. Sims.

Meanwhile, Kennedy continued to hoard her poop. A physical exam that should have been completed prior to our bringing her home, showed that Kennedy had blood in her urine. We were referred to an urologist who performed an ultrasound while Kennedy screamed and fought. He determined that Kennedy's intestines were full and pressing against her bladder. The doctor prescribed a stool softener, mineral oil, and a high fiber diet. The first week of treatment Kennedy lost control of her bowels to the point that I had to put her in pull-ups. Once she was relieving herself daily, I cut back on the stool softener. A month later, the retentive behavior began again.

As I continued the battle to correct Kennedy's behavior, Brian and I learned from the DFCS social worker that Kennedy's birth mother was using her child's name and social security number to get Medicaid and other assistance. By then the hearing to terminate parental rights had been postponed twice. And the chart on Kennedy's time in foster care that the social worker did not have during our very first meeting was confirmed as lost. I was dealing with a nearly uncontrollable child and incompetence on both sides of the adoption. I was going down.

"Bring her over and you and Nathan go out." After I told my mother about my threat to the social worker and the appointment I made for Kennedy at the Marcus Institute, she offered to babysit. From June to July, one day a week, I'd drop Kennedy off and Nathan and I would go to a movie and then lunch. When I picked Kennedy up, my parents never said anything other than, "She was good." On one occasion, I saw something in my mother's eyes when she gave her usual response to the question of Kennedy's behavior that told me she was lying. But she needed the problem to be me and not Kennedy. She only had one grandchild and she was desperate for the adoption to stick.

My husband also needed Kennedy to stay.

“This might be my last opportunity to have a child.” We’d learned during our mission to get pregnant that Brian was sterile. On his Sundays off, he would take all of the kids out of the house or I would leave and that one day of being alone was supposed to prepare me for the week ahead. This way he could keep his last opportunity at fatherhood with minimal effort.

Brian said he didn’t “see” the things I talked about. He worked long hours and would often get home after Kennedy had screamed herself to sleep. On the evenings when he did make it home before her bedtime (which I kept moving to an earlier time), she rejoiced in his homecoming. I started to put it together: Brian was the stranger and I was the caretaker. She could be nice to him, she had to hate me.

My friend, Robert, was the only one who seemed to understand what I was dealing with even though he never met Kennedy. He lived an hour away from me. Between his work and traffic and my non-stop efforts to manage my new child, a meeting between the two never happened. During one of our daily conversations, I told Robert that September was my deadline. September would mark the end of the six month “adjustment” period that was required before the adoption could be finalized. If the counseling and the techniques I was learning, such as therapeutic holding, didn’t make a significant difference, I was going to give her back. It was the end of June. In July we had our first appointment with the social worker, Sonya, at the Marcus Institute. She was initially captivated by Kennedy as all who met her were. It took a couple of sessions before she began to see the “it” that only I had been seeing.

“Kennedy, I’ve never seen you act like this before,” Sonya said to my daughter. We were in the middle of play therapy and Kennedy had decided to ignore Sonya’s requests for her to count the red blocks. Instead, Kennedy got up, walked around the office, and played with toys that were a little too old for her.

“Will you sit down and count with me?”

“No.” It was a snap that took me out of the semi-relaxed state I would find myself slipping into during the sessions. I felt protected with Sonya because, even though she bought into Kennedy’s charm initially, she did understand RAD. In fact, she was working with another family with a RAD child during the two months she saw Kennedy. I also knew I couldn’t allow my anger to rise there. In session, I had to be on my best behavior.

But Kennedy’s “no” had thrust me back into warrior mother mode. I wanted to correct Kennedy, but I held back.

“This is what’s happening at home?” She asked as we watched Kennedy pull down the toy she had been instructed not to touch.

“Worse.”

Indeed, things had become much worse because I was beginning to lose myself. I was angry all day, every day. I confessed to Sonya that I had started to fantasize about leaving Kennedy, Brian, and the boys. I just wanted to walk out and go anywhere. I was miserable. My concern had turned to irritation, irritation grew into frustration, frustration changed over to anger, and my anger—it was rapidly morphing into rage. I was afraid of myself. With each daily battle I was forgetting more and more that Kennedy was a three-year-old child who’d had a life that she did not choose and had developed a defense mechanism that shielded her from giving or receiving love. I understood that. I also understood that I was at my limit of ideas, options, and restraint. I was in trouble and I needed to find my way out.

My husband showed up late for what turned out to be our last session with Sonya. Kennedy immediately laid on the daddy-worship and ended up falling asleep in his lap. Sonya had been trying to get me to tell the story of the first day I met Kennedy and I couldn’t do it. I

could not remember the good feelings I knew I'd had as I anticipated meeting my daughter. It was late August, about two weeks from the six month deadline, and I couldn't remember why I wanted Kennedy anymore. Brian told his story with ease.

After Brian's account of his first meeting with Kennedy, Sonya spent a few minutes watching my husband cradle the sleeping little girl in his arms then she looked at me. "You're like the step-parent for her right now and Brian is the parent."

I was saved by those words. I had already spent six years being the stepmother to a difficult child who wanted nothing more than to have his parents back together. I would not be the enemy or the target of blame for a child that I was parenting full-time. When Brian, Kennedy, and I left Sonya's office, my way out began to slowly reveal itself.

Over the next week and a half I found the courage to end the adoption. I made the decision alone. My husband left it to me.

"You're here with her all day. I'm at work." These were the words Brian offered when I asked for help in making the hardest decision of my life. They left me empty. Brian later bragged about his ability to "cut off" his feelings for Kennedy once I'd decided how things would end.

I made the call to the agency social worker. I fielded her attempts at persuasion. I insisted that she find a place for Kennedy when she asked for more than two weeks to secure placement. I told my parents. I told Brian's mother. I told my son.

Once the deed was done I submitted to my pain and later accepted my limitations: Even with my education and experience in mental health, my commitment to stay home with Kennedy, and my twelve years of motherhood, I was not equipped to be Kennedy's mother.

When Things Get Back to Normal

Brian, Nathan, and I went to dinner after Kennedy left our home. I was thankful for that. It was something normal that offered a distraction from my grief. I was also thankful for the social worker who took Kennedy away. She immediately saw “it” and offered her observations. “She sure thinks a lot of herself, doesn’t she?” We sat on my living room couch and watched Kennedy dance around singing, “So adorable,” over and over again. The performance was Kennedy’s follow-up to running to the door to greet the social worker, whom she’d never seen before, and clinging joyfully to the woman’s legs. The social worker also gave me permission to feel okay about my decision, but I wasn’t at a point where I could do that.

Kennedy left on a Thursday, the next morning Brian went to work and Nathan to school. I was alone in the house. I called my mother, but she didn’t answer her phone. Later in the day I called one of her friends and she told me they were planning to go out for a late lunch.

“She won’t talk to me. She hasn’t called. She won’t answer the phone.” I was afraid my mother would change towards me. I had come to her in tears about Kennedy throughout the six months and she had asked this particular friend to tell me about three members of her own family who had the same symptoms as Kennedy when they were children. All three had grown-up to be difficult, challenged adults. Before the final decision to give Kennedy back was made, Brian and I had sat down with my parents and discussed terminating the adoption. By the end of our meeting, everyone seemed clear on what disrupting the adoption meant. Even so, my mother didn’t call me the day Kennedy left.

“She’ll still be the same mama. She just needs to grieve,” my mother’s friend tried to reassure me.

I didn’t believe her. After I picked Nathan up from school, I went to my parent’s house.

My dad greeted me at the door. “So, how are you doing? Good?”

I didn’t respond nor did I feel compelled to react to my father’s jab. My daughter had given me the gift of a tougher hide. I walked into the kitchen and took my place at the round kitchen table with the laminated covering that my parent’s had owned for over thirty years. I waited for my mother there. I had come to confront her. Before Kennedy, I would never have done that. But, I didn’t have anything else to be afraid of. My emotions had been stripped. I was raw and I was still walking around. I was fucking invincible.

“Where’s Melissa?”

My mother came sighing into the kitchen. She sat across from me at the table without making eye contact. We sat in silence for a long time. I broke into the quiet with the story of Kennedy’s tear-free exit from my life.

“I thought she would have cried,” my father offered.

“I’m going to miss her.” My mother twisted the knife.

“I came to make you talk to me.” I felt like an adult survivor of child abuse who needed to know why the abuse had happened.

Her response came from her eyes first, which she finally showed me, and then her mouth.

“You didn’t call me,” my mother tossed back, her voice heavy with agitation.

I had called her, but that was not the issue. I wasn’t aware that she was the one who had lost a child. I didn’t understand how she could be hurting more than I was. I pulled from my counseling training to steady myself and to explain what I believed had happened to us, to our family, while Kennedy was here.

“Do you know what splitting is?” I asked and then explained. It is a practice in which psychiatric patients, generally in-patient, wreak havoc on the relationships between staff by using

manipulative behavior to play them against each other. One side will view the patient as an angel, while the other side will see her as a demon. My father listened thoughtfully. My mother didn't hear me.

“You're blaming me?” She screamed the words in that way only a person who never allows herself the freedom of screaming can: through the tightness of her face, the flicker of rage in her eyes, and the slightest rise of her voice. She was responding to the part of my splitting explanation where I expressed my feelings of being treated as the stranger and Kennedy as her blood.

“There are no feelings,” she offered as a defense.

There were my feelings and I wanted them to mean something. I wanted them to be valued. I did everything I could for Kennedy. I reported everything my daughter did to anyone who would hear me. But mostly, I went to my mother, even though she claimed to never see “it.”

“You're blaming me because I didn't believe?”

There. It was the truth she was releasing. It was what I had come to hear.

“You didn't trust me,” I said as I pushed myself out of the chair. I called my son out of the den then walked out of my parent's house without another word. I had emptied myself out to my mother for six months and she still hadn't trusted my judgment. I knew what I'd done was right. I realized as I settled into my truck and waited for my son to buckle his seat belt that I didn't need my mother to co-sign on my decision.

Later that evening, my father called to check on Nathan and me. We were picking out DVDs for our first movie night at home in months. I told him we were fine, finally after six months. I could feel *my* understanding of normal coming back.

I don't know where Kennedy is. The social workers, my parents, even my husband, probably don't think I deserve to know. I didn't think I deserved to know either. But I have shed my guilt slowly over the last four years. I know I made the right decision. I am secure in that. The reality is simple: the placement didn't work. But what is true in my heart is that, even though she is not with me, Kennedy will always be my daughter.

** Names have been changed.*

About the author

Melissa Brown Levine has published novels, contributed to magazines, and reviewed books for several years. Levine's primary writing focus is women's fiction. She explores the lives of women by creating dynamic characters who are open, vulnerable, and eager to grow.

Read more of Melissa Brown Levine's work at www.melissabrownlevine.com

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