

Giving Thanks

Category: Stories

written by Victor Fornari | November 25, 2016

Victor Fornari

One autumn morning, a woman called the division of child and adolescent psychiatry at the Cohen Children's Medical Center on Long Island, asking to speak with me.

In more than ten years as the department's director, I've received countless phone calls, but this one instantly got my attention.

"She says that she was your patient in 1984," said my assistant, Eileen. "Her name is Anne--"

"Jones," I said instantly.

"You don't remember her, do you?" Eileen exclaimed.

"I certainly do," I said. "The hospital opened this unit on Valentine's Day, 1984, and she was the first child admitted. How could I ever forget?"

When the unit opened its doors, I was a second-year child-psychiatry fellow, having already completed a three-year residency in general psychiatry. For months, I'd helped with the preparations--interviewing and hiring the staff, creating the policies and procedures.

The unit was state-of-the-art. Located in a brand-new building, it had fifteen beds in private or semiprivate rooms, a large common room, an adjoining dining room, a nursing station and chart and medication rooms. There were two classrooms where the children could attend school three hours per day, and a quiet room where they could go to calm down when upset. The rooms were bright and airy; the large windows and child-friendly artwork on the walls created a pleasant, cheerful atmosphere. Needless to say, on opening day we staff members were bursting with anticipation.

I interviewed the first two patients to be admitted. One was Anne, age twelve, a tall, slender brunette girl with Tourette's syndrome, a condition that includes uncontrollable vocalizations and physical motions.

She was an adorable child--sweet, bright and outgoing. At times, compelled by her condition, Anne would abruptly swing her arms, sometimes injuring herself or those around her. Medications and behavioral therapy had failed to control this, and Anne's psychiatrist, parents and schoolteachers had all agreed that she should come to the unit.

Watching as Anne's parents signed the necessary paperwork, I sensed tension between them, and when they'd gone, I was struck by Anne's obvious relief. We had anticipated that she might feel frightened to be admitted, but clearly

this wasn't so.

She remained on the unit for three months. During that time, her parents came for weekly family meetings, which simmered with anger and resentment. Anne always seemed eager for her parents to go and clearly felt more relaxed once they'd left.

I spoke with Anne often and asked whether she'd ever suffered any physical or emotional trauma or been exposed to inappropriate sexual behavior, but she denied this.

She enthusiastically threw herself into life on the unit. She did well academically, participated in arts activities and took on a leadership role, explaining things to the newer and younger children. And she worked hard in her individual therapy and on her behavioral plan to try and minimize her motor tics.

In her months with us, she became quite attached to the nursing staff, and they in turn "adopted" her. All the while, my colleagues and I kept wondering why a child so sweet and affectionate didn't wish to return home.

"Why doesn't she enjoy her parents' visits?" we'd ask one another. Most children eagerly looked forward to seeing their parents; Anne seemed happier visiting with the other children's families.

When I raised the possibility that Anne might go to a therapeutic boarding school, she seemed excited, and her parents were intrigued. I wrote to her school district recommending this option, which was approved. Within weeks, Anne was accepted into a residential school out-of-state.

On the morning of her discharge, we held a community meeting to say goodbye. The nurses brushed away tears as we wished Anne well. She'd not only been our first patient; she'd also been our teacher, helping us to learn how best to navigate the routines in our new facility.

Her parents arrived and signed the discharge papers, and Anne left for boarding school. We never heard from them again.

Over the following three decades, I'd often wondered about Anne and the unit's other early patients. I had sometimes thought of following up on the first 200 children admitted, but had never pursued the idea.

Now here was Anne reaching out to contact me.

When I called her back, she picked up the phone right away.

"Hello, Dr. Fornari!" She sounded absolutely thrilled.

"How are you?" I asked.

"I'm doing well," she answered. "I'm wondering if I can come to see you—I have some excellent news to share."

"Of course," I said. We planned to meet a few days later.

Over the intervening time, I thought a lot about Anne's phone call. I found it remarkable and touching that she'd made the effort to track me down, thirty-two years later.

At the appointed hour, she appeared in my office and told me her news.

"I'm married, and we have a fourteen-year-old son," she said, smiling. After telling me more about her husband and showing me photos of her son—a handsome, cheerful, healthy-looking boy—she paused for a moment.

"I want you to know that my time here, and my treatments with you, saved my life," she said. "I think about you every day—and I wanted to say thank you."

She paused, then asked, "Whose idea was it that I go to residential school?"

"It was my recommendation," I replied.

"You saved my life," she said again.

"How?"

"My uncle was sexually abusing me," she said. "It started when I was six. Nobody knew—I was afraid to tell anyone. He threatened to kill my mother if I did."

Overwhelmed with horror, sadness and disbelief, I thought back on those family meetings. *What could I have done to get at the truth sooner?* I wondered.

"Bringing me into the unit, and then having me go to boarding school, took me away from that," Anne finished. She started to cry.

Too moved for words, I felt tears welling up in my eyes. You care for people, and often, afterwards, you don't know what becomes of them. Now Anne had come back to let me know.

She told me how things had gone with her family. Her older brother had died of a drug overdose in high school. Her parents had divorced, and her father had remarried. Although Anne believed that they must have known about the abuse, they steadfastly maintained that they hadn't.

"Thank you again," she said, preparing to leave. "Being able to thank you in person has been a dream for me."

After she left, I sat and reflected on the impact of my work—on my patients, and on myself. By sharing their stories, individuals and families invite me into some of the most sensitive, intimate parts of their lives. I always hope that they find my interventions helpful, but it's often difficult to know for sure.

Now, for one patient at least, I had an answer.

As I began to write this reflection, it occurred to me that Anne's visit had been a dream come true—for me as much as for her.

About the author:

Victor Fornari is director of the division of child and adolescent psychiatry at Zucker Hillside Hospital and a professor in the departments of psychiatry and pediatrics at Hofstra Northwell School of Medicine, in Hempstead, NY. He has published extensively on eating disorders and other aspects of child and adolescent psychiatry, and his work has received numerous honors at the local, state and national level, including, most recently, the 2016 Wilfred Hulse Award for outstanding contributions to the field of child and adolescent psychiatry. "I have long been interested in writing as a form of expression and as a teaching method. When Anne's phone call came in, I felt the need to write this reflection both as a means to process what had just happened and in order to teach others."

Story editor:

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