

Talking in Toys

By Hans Steiner

The call came from a pediatric colleague in the East Bay. He had a case of a three-year-old girl developing complete dietary restriction in the course of a week, one which had resisted all his efforts to treat. He suggested it could be the youngest case of anorexia nervosa ever reported, pulling my academic heartstrings to get me to take the case late on a Friday afternoon. I was pretty certain this was not anorexia nervosa, given the age and the rapid progression. My thinking was more along the lines of feeding disorders, abusive parenting. But only an explorative play session could help diagnose the problem.

I alerted Grace, the dietician, Pam, the resident on call, the nurses, the receptionist. “I am sorry Grace, but we will have to see her. Let’s see if we can keep her out of the hospital. You see mom, get the dietary and developmental, I see the kid—if she will let me. We may not be able to separate them. Then we work together. And no, I don’t know yet for sure what it is.”

Where are all the toys? Probably in the consult room. Yep, here we go: Fisher-Price stuff, a farmer, cows, dogs, lots of women and men, trucks, a house, a nurse, doctor, a bed, an IV pole, a little medicine cabinet, a fuzzy monkey, crayons, paper, big pencil, a glass of water, chocolate bar. *Good Night Moon*, if things really got rough. A blanket for mother to wrap her into, if necessary. Hide all the needles and IV things, turn on the low lights, push the comfy chair into the corner by the lamp.

“They are here.”

“Thanks. Ready, Grace?”

Little Cassy clung to her mother’s leg, as they were standing in the middle of the room trying to decide where to sit. “You must be Cassy.” I put on my sweetest croon. A long pause of sullen, curious silence, eyes locked onto me, worried face, a dirty blanket tightly gripped in her right hand, the left thumb in her mouth.

“Tell the doctor what’s wrong: why won’t you eat?” Mom sounded worried and tight herself.

“I am Cassandra” was the reply in the tone of “you dummy.” No way would she leave mother’s side, regardless of how tempting the toys were.

“She usually loves talking. Cassy, you can talk, show the doctor what a big girl you are.”

Cassy grabbed on to mom’s leg tighter, then hit it with a barking grunt:

“Uh-uh.”

Ok, this was not going to be easy. “Alright, mom, why don’t you stay with us, put Cassandra on your lap, and I will bring the table over there. We can play with all the toys. Cassandra gets to pick which ones. While she and I play, Grace can you get the history from mom?” This was the crucial moment: would Cassy take toys? And most importantly, which ones? What was the entry gate into her troubled mind? Very often, when kids are scared, and

Cassy clearly was, they will not talk, take toys and play. Toys and play are their way of speaking, letting you into their mind, telling you what troubles them. Just like with adult patients, that does not happen quickly and sometimes you need to “warm up” the situation. Her hesitancy also was a clue: being in a hospital, with a doctor was threatening, not neutral or comforting, even though mother was present. She brought fear with her into the room. But of what?

After a few minutes with the adults talking, Cassandra took the thumb out of her mouth and sat up straight on her mother’s lap. She looked at the toys on the table, but did not touch.

Grace said: “Is she usually a good eater?”

“Sure, never had a problem. I weaned her when she was 18 months, she went right onto solids, grew like a bean sprout.”

“Has she ever complained of being too fat?”

I frowned. “Grace, really...”

“No,” said the mother with a bewildered face.

I tried hard not to show my impatience. “Grace, let’s concentrate on what happened around the time Cassandra stopped eating.”

Mother said: “Well, there was the school incident.”

As mother described the incident, I offered the stuffed monkey to Cassy: kids usually liked his fuzzy comfort as scary things were discussed. After a few moments of staring, Cassy grabbed the monkey carelessly by the tail and flung it across the room. With lots of energy. The monkey hit the wall and collapsed into a pathetic heap of cloth.

Another clue, but it could mean many things. Quick, engage her in the scene, see if she will elaborate, play more details. “Uh, ouch, ouch, you threw me against the wall!!!!” I used my best monkey falsetto. When kids get hurt, they often show you by being the aggressor in play, hurting. Cassy’s play fit the story that mother and Grace discussed in a running commentary I intently listened to.

Cassandra let the blanket go, and with an evil little grin grabbed a Fisher-Price girl figure and threw it in the direction of the monkey. A girl, not a boy, not a man, not a cow, not a dog, not a car.

As the plastic rattled against the wall, she laughed out loud. I again winced, slipping into the voice of the Fisher-Price girl. Then I put the Fisher-Price girl to bed. “Oh boy, that hurt, that was not nice, sooooo scary, I was flying, then I made a thud into the wall. My head hurts. Oh boy, oh boy, where am I? People throw monkeys and little girls around!”

Cassandra’s laugh became deep, throaty. Her face shone with glee. I was on to something. She grabbed the Fisher-Price nurse, and started her jumping up and down on the girl in the bed. I wailed with each jump, complaining bitterly, pleading with the nurse to stop. To no avail: The jumps became increasingly powerful to the point where the mother said “Cassy, stop, you are going to hurt the doctor.”

Cassy stopped but looked spiteful: “He bad.”

Mother looked at me apologetically. “I just don’t know what’s gotten into her lately.”

“It’s ok, Cassandra is just telling us what is wrong.”

As I later explained to mother what had happened to Cassy, the child held a chocolate bar in her hand, watching intently as it melted all over her and her mother’s clothes. She was much calmer. I was too.

Mother had dropped Cassandra off at her sister's school nurse office last week when all the trouble with eating began. After mom departed, Cassy's aunt had to step out for a brief moment. As she left, she said: "Auntie will be back in a second. Now you be good."

But there it was, on Auntie's desk: a beautiful jar with hard candies of all colors and flavors. And nobody around! Cassy's little hand reached in and took a pretty green one. As Cassandra put the hard candy into her mouth, Auntie stepped back into the office. Cassandra's startled inhalation lodged the candy exactly on top of her windpipe. She turned blue, stopped talking.

This was Auntie's chance to put to good use the Heimlich maneuver for pre-schoolers she had just reviewed for her re-certification exam. She grabbed the cyanotic girl, put her face down on her lap, and pounded—with increasing panic—on her back. The strokes got heavier, the longer the candy stayed lodged on top of the trachea. Auntie also had not kept to her diet, and behind each blow there were the 267 pounds of her frame, fueled by fear. Finally the candy was sent flying. Auntie's panic subsided: the child was breathing. But Cassandra wailed at the top of her lungs. She knew she had been bad. She had made Auntie so angry she beat Cassy up. Nobody had ever hit Cassandra like this before. So no more candy, nothing even like it, otherwise mommy might beat her too.

Mom came immediately after Auntie called. Holding the sobbing child, she rocked her, singing gentle songs of nothing to take the hurts away the way mothers do. At home Cassandra said she had a sore throat. She did eat some ice cream and drank some milk. But that was it. When dinner was served, she wanted to be in her room. There she looked at pictures of Curious George, quietly leafing through the pages, wanting mother to read to her.

After several days of this diet, father declared: "She needs to eat real food." Mom began to worry. After all, Cassey had a sore throat. She called Dr. Gullob. He had just read an article on infantile anorexia and was impressed. After 10 minutes with the child (three minutes more than with a usual sore throat) he examined the throat, and it was clear. But, said he, it was important to get the child to eat again. He told mother to give the child time outs when she did not eat, in her room. Mother hesitatingly agreed to do this, but Cassy would not stay in her room. She wanted to be held, and she wanted her blankey. Dr. Gullob said she was manipulating mother. This was refusal to eat, and mother should lock the door. And he agreed with Dad: no more ice cream and yogurt until she ate real food. Cassy stopped eating and drinking altogether.

After our session, Cassandra and her mother went home. Cassandra had taken small sips of ice water in the room. She slept deeply that night, in her parents' bed. The next morning she asked for yogurt. We met up again, and repeated the jumping nurse scene, with me now voicing the nurse's explanations of what she really was doing, i.e. helping the girl get rid of the bad candy that stopped her from breathing. The reframe worked, thank goodness. I had not been so sure it would, given the fact the nurse figure kept on jumping on the girl in bed. Thankfully, the jumps became smaller, and finally ended. Cassy took the nurse figure and had her give the Fisher-Price patient pretend chocolate. I took the hint and brought chocolate yogurt ice cream, which Cassy was spoon fed by Grace and mother.

"How did you do this? She's eating normally," Gullob asked when he called first thing in the morning.

I must confess, I did feel smug. But this also was a teaching moment. "PTSD in little kids is so hard to diagnose. Psychiatrists can take so much more time with the patient than you guys in primary care. I had time to slip into her head, see the Heimlich from her point of view.

And believe me, it takes more than ten minutes when you are an adult to become a three-year-old girl.”

Humans possess this wondersome capacity of slipping into each other’s minds: empathy. Psychiatrists carefully hone and shape that capacity in many years of training. We can reconstruct worlds by listening and joining into the stories of our patients, even when they are played out with toys. While we are doing it, we relinquish control, if only for some time. This goes against our grain as doctors: Doctors are taught to be in control. As psychiatrists, they have to learn that sometimes more can be gained by letting the patient take the lead. Accurate empathy is still the most powerful tool of psychiatry, despite brain imaging and medications. I love using this conduit to the human soul. I get to be poet and doctor at the same time: just like when I write, using all my power of imagination and access to my senses, I can reconstruct experiences in order to diagnose and heal. Empathy is bigger than sympathy, intuition: It is not just feeling for the other. It is being in private, sometimes terrifying places—with courage and determination—to help and heal. One cannot be afraid to enter. One has to stay, confident that one can come back. Taking the patient, one word (or in this case toy) at a time, leading her back to her life while holding it in your mind.

Hans Steiner was born in Vienna, Austria and received his Doctor universalis (M.D.) from the Medical Faculty of the University of Vienna, Austria, in 1972. He completed his residency in adult Psychiatry at SUNY Upstate Medical Center, his child and adolescent psychiatry residency at the University of Michigan in Ann Arbor. Currently, Dr. Steiner is Professor Emeritus (Active) of Psychiatry and Behavioral Sciences, Child & Adolescent Psychiatry and Human Development at the Stanford University School of Medicine and Guest Professor, Medical University of Vienna and the University of Innsbruck. He is a founding member of The Pegasus Physician Writers at Stanford, a group of doctors who write creatively. As of 2011, he is the director of Stanford’s Program in Psychiatry and The Law. He is the editor of three volumes on Treating Preschool Children, Treating School Age Children, and Treating Adolescents. He is the editor of the Handbook of Mental Health Interventions in Children and Adolescents: An Integrated Developmental Approach, and Handbook of Developmental Psychiatry. He has written, with Martine Flament, a volume for the primary care physician on Eating Disorders. He currently is editing a volume on Disruptive Behavior Disorders for Oxford University Press, scheduled for 2016. As a creative writer, Dr. Steiner has edited a volume of poetry, memoirs and short stories by The Pegasus Physicians, On Becoming and Being A Doctor. His pieces, "The Cat Doctor" and "Talking in Toys" appear in Spring 2015 Intima.