

Shrink Rap Radio #438 (January 15, 2015) – "Exploring a Relational Approach to Autism and Other States of Mind"

David Van Nuys, Ph.D., aka "Dr. Dave" interviews Existential Psychoanalyst and Psychotherapist, Dr. Dan L. Edmunds.

(transcribed from www.ShrinkRapRadio.com by Richard Nigh.)

Dr. Dave introduction: Interview number 438, "Exploring a Relational Approach to Autism and Other States of Mind," with Dr. Dan L. Edmunds.

Dr. Dave: On today's show, I'll be speaking with existential psychoanalyst and psychotherapist, Dr. Dan L. Edmunds, about acceptance and understanding in relation to autism and extreme states of mind. For more information about Dr. Dan Edmunds, please see our show notes on shrinkrapradio.com. Now, here's the interview.

Dr. Dan Edmunds, welcome to Shrink Rap Radio.

Dr. Edmunds: Yes, thank you very much.

Dr. Dave: Well, I'm pleased to have you on this show. Let's get started by going into your background a bit. I was looking through your website, and I noticed that your master's degree was in Theology and for a time you worked as a chaplain for the elderly and with veterans. And I was struck by the fact that you were originally ordained in the Eastern Orthodox Church and then later became involved with a liberal Catholic denomination and subsequently developed a more pluralistic outlook, becoming interested in Buddhist meditation. So that sounds like quite a journey, and clearly you've had a long history of devotion to the spiritual side of things. What can you tell us about that?

Dr. Edmunds: Well, I think, in the beginning I had an interest in theological studies. I wanted to do something as well that would be compassionate and where I could help others. And that later kind of took a different course as I became somewhat disillusioned by some of the things in the church. So I entered into the counseling realm. But I didn't believe that having that grounding in spirituality before gave me a unique perspective in the work that I do with my clients, where others who would have just started from a background in undergraduate psychology onward probably wouldn't have had some of the same perspectives.

Dr. Dave: Yeah, I have the impression that your work is driven quite a bit by ethical concerns, and I'm wondering what role your theological training and spiritual orientation might have had in that.

Dr. Edmunds: I believe it had a major influence. I think that that was part of the moral compass given to me, and when I entered the counseling realm, I began to kind of look at here's the things that are unjust and that we really need to look at and examine and try to change.

Dr. Dave: The two main threads in your recent professional work have been autism and what you refer to as extreme mental states. I'm wondering if you see autism as an example of an extreme mental state, or are these somewhat separate topics?

Dr. Edmunds: I look at them as separate. When I say, "extreme states of mind," what I am referring to is those things that typically are labeled as schizophrenia, bipolar or different types of psychoses.

Dr. Dave: Okay. Well, we'll talk about both probably, but let's begin with a consideration of autism. Let's begin with a consideration of autism and your work with autistic persons. How did you become interested in autism?

Dr. Edmunds: Actually, it kind of came rather randomly. I was working with an agency, and the director basically asked me if I would have an interest in working with an autistic young man. I really didn't have a whole lot of background at that time, but I did take interest and built a very good connection with him. So later, I decided to get further training and awareness in how to connect and reach these individuals. And from there, it became a major part of the work that I'm doing.

Dr. Dave: Yeah, I'm glad you shared an example with us, and I want you to feel free to throw in any other examples of your work or case histories or anything as we go along. Now, the example that you just gave us was with a child. Has your work been mostly with autistic children or adults or both?

Dr. Edmunds: I counsel mainly autistic children but actually I work with both. And I did have a young man who I worked with through his teen years, and he ended up into college and surprisingly against a lot of things that his teachers and others -- they didn't believe he'd be capable of it. But he did graduate with his master's degree. And there's a story behind that too because he was a peculiar young fellow, and he would make these videos, and one of the things that he would put in them which... This was even before my time, so I wasn't real sure how he even knew that, but it was Lambchop puppets.

Dr. Dave: I'm sorry. What was that?

Dr. Edmunds: Lambchop puppets.

Dr. Dave: Lambchop puppets?

Dr. Edmunds: Yes. So he would act out these scenes with these puppets. Now his family initially just thought this was random silliness, and they didn't pay a whole lot of mind to it. So I sat down with him one time, and I went through and I watched these videos very intently. And what he was doing was acting out actual events in his life with the puppets. So he had experienced some bullying and so forth. So he was demonstrating that with the puppets. But he was very creative and clever with video production. So when he decided to go off to college, that's what I encouraged him to look into. I said, "You know, you're very good at this. You might want to consider it."

So that's what he ended up graduating with was a degree in this video production.

Dr. Dave: Now I want to make sure I understood you. Did you say that he was using Lambchop puppets? I know there used to be a puppeteer and I think she had a character called Lambchop.

Dr. Edmunds: Yes, yes. That was the one. I think her name was Sherry Lewis.

Dr. Dave: Yes. And actually there was a time when Sherry Lewis was actually a listener to this series. I don't know if she listens anymore, but I hope that she does. I'm wondering if you... You know, I think a lot of people probably have a fixed image in their minds about autism of non-improvement. So what kinds of change or development or growth or improvement do you see among the kids and the adults that you work with who are autistic?

Dr. Edmunds: I've often seen communications being enhanced, relationships being enhanced, which I think is important. I've been able to see them use their strengths and passions in a way that actually works for them. I've seen where they develop more functional independence, more autonomy, and I think those are all very important things.

Dr. Dave: Yeah. When I spoke to Nick Walker and he directed me to some readings by autistic people as well. And I was struck to see that over time... I almost got the impression that some people almost grow out of it in terms of communication skills and so on.

Dr. Edmunds: I have seen that in some situations where younger children had some severe delays communications-wise, and then later down the road you would not even be aware that those communication problems even existed.

Dr. Dave: So what do you see as the principles that are key in supporting autistic persons?

Dr. Edmunds: The principles that are most key are kind of like I mentioned before is the presuming intellect, looking at behavior as a form of communication, encouraging autonomy and, also, listening to self-advocates, and offering support in a way that is respectful and dignified. And the idea that we're not trying to alter the person into something that they're not or need to be.

Dr. Dave: What's been your experience working with the parents of autistic children? I have the impression that there is some thinking within the autistic community that well-meaning parents sometimes end up inadvertently stigmatizing or supporting the stigmatization of autistic children. So what are your thoughts about that?

Dr. Edmunds: Fortunately, the parents that I have encountered were those that wanted to use a relational approach. But I've also encountered the parents who have not been able to accept their children for who they are, and they're searching for this idea of, okay,

we need to make our child normal, whatever that term may actually mean. And I think that's a problem. And I've encountered some parents who, because they were not able to accept their children for who they are sometimes will inadvertently use terminology that can actually be very denigrating.

Dr. Dave: Yeah. Is there an example of that that comes to mind?

Dr. Edmunds: I remember encountering certain autism support groups, that there was parent asked me, who said they thought their child was defective. I think that's a very damaging term and not supportive or helpful at all to say that they are somehow defective, because it implies they are also somehow less than human.

Dr. Dave: Now, there are neuroscientists who consider autism to be a brain disorder and are hoping to eventually find a “cure.” What's your opinion about that? Do you have a problem with that perspective?

Dr. Edmunds: I do have a problem with that because as I said before I'm not looking at it as a disease. I'm looking at it as a mode of being. This is simply how a person behaves. And, honestly, I am not all that interested in this supposed causation. It's all over the place. Sometimes we're hearing about vaccines. There was an article that said it was air pollution. It's all over the place and who knows where these concepts come from... When I look at the bottom line it's simply a mode of being.

Dr. Dave: Okay, and I believe you've created one or more programs or organizations that support autistic people. What can you tell us about that work?

Dr. Edmunds: Yes, I did create an entity to gather persons together who were in the autism spectrum and also offer guidance and support to them. And the other organization which I established back in 2006 was the Center for Humane Psychiatry, and the purpose of that was to work on mental health reform and to try to that make some changes within the psychiatric establishment.

Dr. Dave: Good. It sounds like good work. Now in terms of autism specifically, have there been any thinkers, authors, researchers who have influenced your thinking?

Dr. Edmunds: I would say that Stanley Greenspan, the relational approach, so there were some aspects of what he had to say which has had some influence in my work. There's also [inaudible] and the existential therapy of autistic [inaudible]. I'm aware of some of what he did in the past. But I do think that that is the unfortunate thing... is that the relational approach is certainly a dignified approach, and it is also something that really does help the person. But, unfortunately, it seems the majority of the programs seem to be more focused on the behaviorist approach.

Dr. Dave: Right. How do you feel about such organizations as Autism Speaks? For our listeners out there, I want to apologize for the quality of our Skype connection. I know it's gotten hard to listen to... or hard to hear clearly at some points and so we've just now

reconnected on Skype, and hopefully your listening experience will be better. So, taking it up again, Dr. Edmunds, let me ask you how you feel about such organizations such as Autism Speaks.

Dr. Edmunds: The problem with Autism Speaks is that none of the individuals involved in that organization actually are autistic. So they're not really speaking for autistic people at all. Another part of their philosophy is based on looking at autistic persons as defective and in need of being altered. So I would not really support such an organization. I think a better organization to support would be what is known as the Autistic Self-Advocacy Network, which is actually run by persons who are autistic.

Dr. Dave: Okay. Well, let's shift your focus to your views on and your work with extreme states of mind. What's been your approach towards helping those through extreme states of mind. And I guess before you answer that, I really should ask you what you mean by that expression, "extreme states of mind."

Dr. Edmunds: What I think extreme states of mind, this is what is commonly labeled as psychotic disorders, schizophrenia and also bipolar. So in my work there, once again it's a relational approach and basically trying to understand the experience of the individual and to look at some of the root causes of what is leading to some of the behaviors that they may be exhibiting. Usually what I've found with a lot of individuals who are in extreme states that at some point they experience very significant traumatic events. What I noticed, too, is that they were always telling me the truth. However, many times what they were saying was steeped in very deep metaphor. For me to try to connect with them and understand the language that they were speaking, of what they were trying to convey to me. I remember one instance, there was a young man who had been in the state hospital, and his mother was trying to get him released from that facility. And she asked me to meet with him. So I sat down with him for a time and he was a very friendly and pleasant individual, but initially he began to say some things to me that I had known prior than most. And the establishment had just completely dismissed it as rambling. So, he was Caucasian, but he told me he was actually born African-American and he was bleached white at two years old. And he felt that he was being controlled, that he could not think for himself. And he chose the metaphor of frequency, that he was being controlled by these frequencies. So I began to examine his experience a little bit and found out that the person who had him committed to the facilities was his father who had been in racist organizations and had begun physically abusing him when he was about two years old. So if I put all that together, I determined that what he was telling me was true and as all steeped in a very metaphorical way. I had another woman who came to see me, and she was very convinced with this delusion that she was Mary Magdalene. So, it took long, intensive time to understand her and to kind of conduct her back to the world of everyone else. But in my approach, I did not challenge the delusion and say, "Well, you're not Mary Magdalene. How could you think such a thing?" But I began to explore, what is it like to be Mary Magdalene? What is that experience? Why are you Mary Magdalene? And over time, I began to understand a little about her childhood, particularly her adolescent years and some of the things that she had experienced. And she later went through a religious revival, so it made sense that she connected with that

story. But it got a little bit overboard where rather than just connecting to it, she basically absorbed the identity of that person. But amazingly, after about a year and a half, she was able to realize that she was not this person. And she realized, came to the realization of why she connected with that story. She ended up off of all the anti-psychotic medication that she was on and she ended up marrying and having two children. She did remarkably well after going through some very very difficult experiences.

Dr. Dave: What's your attitude toward psycho-pharmacological for people who are in these extreme states?

Dr. Edmunds: I believe the person should have the ability to have choice in the matter. That if they decide and they've been given informed consent and they want to take these medications, then that's entirely up to them. However, I prefer if possible to avoid these things at all costs because I see that there's a lot of very damaging, adverse effects that can come from them for one. Plus, they are simply suppressing and shutting down the experience. And I think that rather than suppressing, we really need to work through it and get to the root of where is this coming from, how did this person become lost along the way?

Dr. Dave: So, how did you come to adopt this approach? Was there any particular person or author who influenced you to approach things this way?

Dr. Edmunds: Well, initially it began with having some experiences with those who were going through the extreme states. And I saw and was very disturbed by how I saw some within the establishment interacting with these persons. That they would be in an appointment for fifteen minutes, and there was nothing, no examination of their experience at all. It was basically just looking at, okay, here's your symptoms. You fit into this category and here is your prescription. Have a nice day. And that was the end of it. So I began to think, okay, there has to be a more human approach than that. Later, I began reading the works of R.D. Lang.

Dr. Dave: Right. He was definitely coming to mind. Go ahead.

Dr. Edmunds: So, familiarizing myself with his earlier work that he did during the sixties and seventies. I wholly connected with that. Unfortunately, some of his approach had basically become kind of forgotten. So I looked at this, that that is what needs to be done, is to revive that humane approach because I think that what we have now is this biological reductionist model, and it doesn't really look at the wholeness of the person.

Dr. Dave: Yeah, and I believe that R.D. Lang was part of something known as radical psychiatry or that there was a movement that was kind of identified by that expression. And just as with the autism group that you mentioned that's being run by people who are autistic, that there are also organizations and websites and so on that are primarily run by people who have been diagnosed with psychosis of one sort or another.

Dr. Edmunds: Right. And the interesting thing too is that within the medical field, you

never hear of different survivors movements except with psychiatry where some individuals felt that they were actually harmed that have banded together to support one another. And one thing that I hear often is the way that psychiatry operates is that with most medicine, they are inventing new drugs to target various disorders, but in psychiatry, they are basically inventing new disorders for existing drugs.

Dr. Dave: I like that. I haven't heard it put quite that way before.

Dr. Edmund: And I see that as a problem to, when the original DSM arose, I believe there were 86 or so disorders and now we're up to around to around 400 or so. And it's becoming that any human experience becomes almost a pathology; so it's going to come to a point if it continues that probably every single person will be labeled with some disorder or more than one disorder.

Dr. Dave: Well, I hope you're speaking loudly and clearly at your phone because the sound quality is starting to degrade again. But let's see if we can keep going again. So in some way the phone is either moving away from your mouth or something, so...

Dr. Edmunds: Okay, we're good.

Dr. Dave: Okay, good. So, let's see here. I'm wondering how people find you, how they get referred to you, if you developed something of a reputation for the way you work with people who are autistic or in extreme states of mind.

Dr. Edmunds: I believe it's because my approach is unique that I have kind of developed a reputation for being a little bit unorthodox in my approach, to some degrees also offering a more humane approach. I've had a number of people discover me through my writings and so forth that I've had out there; so I get referrals usually through those means.

Dr. Dave: Yes, and what is the International Center for Humane Psychiatry, and what's your involvement with that?

Dr. Edmunds: Back in 2006, because of some of the objections that I had to things I would see in mental health systems and particularly as I mentioned this kind of reductionist idea and really not validating experience, I wanted to kind of create a network of psychiatric survivors as well as professionals who could band together and try to offer a more humane approach and also to offer kind of a critical thought on some of what is going on.

Dr. Dave: And so is there a website or something that's associated with that that's still going on in life that people might look into that?

Dr. Edmunds: There is a website.

Dr. Dave: Yeah, what is that?

Dr. Edmunds: Its psyche.healthwise.org.

Dr. Dave: Okay, great. And do you believe that recovery from extreme states is possible?

Dr. Edmunds: I absolutely believe that because I have witnessed it and seen it happen. And I've asked the question frequently for those who are in this bio-psychiatric model that when I mentioned to these individuals, they said well you're saying that this is going to be a lifelong disorder that they are not able to recover from, that they're going to need to be consumers of psychiatric drugs indefinitely. How do you explain the individuals who actually did recover, that one day their brain chemistry just shifted in some way that worked out for them, or what happened? And the fact of the matter is that no one will really provide me that answer. But I know myself exactly what happened. That is was... I would compare it to a shamanic voyage. If this person is lost, the fragments of their being is kind of out there. And we were having to put all this back together and then conduct them back to the world of others.

Dr. Dave: Yeah, I've been thinking of a related organization. I'm not certain if they're still alive or not, but there was the Network for Spiritual Emergencies. Or maybe there had been a Center for Spiritual Emergencies. I'm not sure. But I think those were people who were also looking at it from, as you say, kind of a shamanic voyage that requires some support and nurturing along the way.

Dr. Edmunds: That's another individual who I felt had some influence over some of the thinking that I have now and who was involved with that organization that you're mentioning.

Dr. Dave: Stan Groff. Yes. I've interviewed him actually in the past. Yeah, and a very interesting and dynamic and visionary guy.

Dr. Edmunds: And I'd like to leave another, too, that I did encounter before he passed away, was Loren Volscher [spelling?]. And he developed a [inaudible] project where he had individuals in extreme states within a community setting and were on very long amounts of psychiatric medications and in some instances none whatsoever.

Dr. Dave: There is another one I can mention to you which is John Perry, a Jungian analyst. He's also passed on now. But he had a residential house in San Francisco as I recall it was called, Chrysalis House. And he wrote a book; I don't remember the title offhand, but you might want to look him up on Amazon.

Dr. Edmunds: I'm familiar with him.

Dr. Dave: Oh you are. Good. Well, you've definitely got some intellectual support out there, some intellectual and emotional support for this direction.

Dr. Edmunds: Now, one thing I can talk about too, but ethically would not be able to carry this out. Back in the day there was the Rosenhan study where he took himself and students and got themselves admitted into state hospitals. And they were there. He was thinking that if they even got admitted, it wouldn't be very big and they wouldn't be there very long, but some of them were there for a very lengthy period of time. And all of them were admitted.

Dr. Dave: As I recall, the symptom that they got admitted for was saying that they heard a voice that said, "Thud."

Dr. Edmunds: Right. And then they there was a follow-up where the psychiatrists basically said this is kind of a fluke, so Rosenhan said he was going to send more pseudo patients in. So they wrote back identifying who they thought were the pseudo patients but the fact of the matter was that he didn't send anybody.

Dr. Dave: Oh my goodness.

Dr. Edmunds: So it really challenged the credibility of diagnosis. I always thought would be interesting these days would be if you took a group of children into a psychiatric center and all you said is if they jump around a lot. That's all you said. How many of those children would be labeled ADD or probably given Ritalin, and I would bet it would be all of them.

Dr. Dave: Yeah. Well, I wouldn't take that bet. I wouldn't want to bet against it. So, what do you believe to be the root cause of emotional distress?

Dr. Edmunds: Well, in one book that I wrote called "The Meeting of Two Persons," what I discussed there was that there are social issues, there are familial issues, and there are even political issues. So, people who are disadvantaged are going to be more likely to be in positions of distress. I do believe that different forms of trauma is very significant in shaping these situations of distress.

Dr. Dave: Yeah, so back when I was an intern and worked for the VA hospital, and it seemed like any time you looked into the case history of the kind of family environment, neighborhood environment that people grew up in, it seemed like there was almost always a strong history of trauma. Now I may be conflating this a little bit actually. I may be thinking of the prison system, actually, where I know that it's the case that in prisons that early childhood trauma is extremely, if not universally, present.

Dr. Edmunds: Right. And the other group of young people that I have been working with too is those with attachment concerns, and that is always rooted in neglect, abuse and very traumatic situations as well.

Dr. Dave: So how would you change the methods of care for those in emotional distress today. If you had a huge government grant, say, what would you do with it?

Dr. Edmunds: Well, the first thing that I think is important is to allow the person to have some type of voice in their treatment, as to what is actually going to happen to eliminate these ideas of force and coercion. I believe that we have to become less reliant on psychiatric drugs and psychiatric intervention and focus more just on our common humanness. And to be able to have a system that is actually accepting and takes the time to actually walk through these difficult things that a person might be dealing with. And the unfortunate thing, particularly for those that are disadvantaged, they get the short end of things. Basically, no one is going to spend a whole lot of time validating that experience, hearing it out, working through it. They're basically, it becomes more of a psycho-pharmacological intervention. So I think those are kind of the key things that need to happen to change the system around.

Dr. Dave: Yes. Now, you mentioned with... mentioned a couple of books that you have written, and I believe you also co-authored a book titled, "Mystical Metaphors." Who's your co-author, and what is that one about?

Dr. Edmunds: That actually was an interesting story as to how that arose. It was a university student from New Zealand who kept some journals while he was going through a very difficult time in his extreme state of mind. He asked me if he could send me his journal, and I would look through it and offer commentary and tell him what the... what I might think of what his experience was. So I did that and sent it back to him. And he told me. He said, "No one ever really paid much mind to this or really understood what I was trying to say." He said, "Your commentary was right on target with where I was at at that particular time." So he decided to put that out. For example, there's also an article I wrote called, The Journey Through Madness. In that, I was trying to detail and be as faithful as possible to the actual experience of the person, what he actually encountered. But, what I found that I had to do... I didn't want to just put this out there without first consulting the people who actually went through these experiences. So I found three persons who had recovered, and I shared it with them, and I said, "Does this connect with where you were at?" And they agreed that it did; so once I got that confirmation then I ended up printing the article.

Dr. Dave: Where would a person find that article?

Dr. Edmunds: I have a Psychology Today blog. It's titled, "Extreme States of Mind." It can be found there. And I also have it... there's a Psychology Tomorrow magazine that's online. It's listed there too.

Dr. Dave: Okay, great. I'm sure that's enough of a clue to have people find it. Now, as we wind down here, I wonder if there is anything you'd like to add by way of summary.

Dr. Edmunds: All I need to summarize with is that I'm hoping that individuals will be able to come together and that we will be able to create a more humane mental health system. And the people, particularly of the autism section, that we'll be able to gain more of an understanding and an acceptance of these individuals and not look at them as somehow apart, or defective of somehow less than human.

Dr. Dave: Okay. Well, that's a good reminder and a good call to remember to change our attitudes, some of which are just deeply ingrained in our culture and the ways that we've been programmed by the system, so to speak. So, Dr. Dan L. Edmunds, I want to thank you for your patience today with the audio difficulties we were having. And I also want to thank you for being my guest on Shrink Rap Radio.

Dr. Edmunds: Thank you very much. I've enjoyed it.