



Robert Hedaya, M.D.

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Robert J. Hedaya, M.D., A.B.P.N., D.F.A.P.A., developed the *Whole Psychiatry* methodology, which offers a comprehensive physiological and psychosocial approach to mental health and chronic physical illness. He evaluates and treats mind and body dysfunction by focusing on the detailed evaluation and bi-directional interactions between and among a person's hormonal system, immune system, gastrointestinal system, nutrition, environment, socio-spiritual status, genetics, detoxification, cell signaling, life circumstance, age and gender. As a result, Whole Psychiatry notably improves outcomes and the potential for avoiding or reducing medication. Dr. Hedaya is recipient of the Physician's Recognition Award from the American Medical Association and has been voted Outstanding Teacher of the Year multiple times by the Georgetown University Medical Center Department of Psychiatry. He is author of *Understanding Biological Psychiatry* (1996), *The Antidepressant Survival Program: How to Beat the Side Effects and Enhance the Benefits of Your Medication* (2000), and *Depression: Advancing the Treatment Paradigm* (2008).

Serge Prengel, LMHC is the editor the *Relational Implicit* project (<http://relationalimplicit.com>).

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: This is a conversation with Dr. Robert Hedaya. Hi Dr. Hedaya.

Robert Hedaya: Hi, how are you?

Serge: Good, good, thank you. So you call your work Whole Psychiatry, which is a very evocative phrase. Do you want to, maybe talk a little bit about that?

Robert: Well, first let me tell you how the idea came about. I would say that first of all, I've always been an integrative thinker – that's just my nature, and I noticed that as I was in practice for a number of years that medication and therapy were not, ah, to be all and end all. In 1986, after being in practice for 3 years, I had a patient, um, who was about 50 years old and had the onset of panic attacks, uh, for the first time in her life. She had no previous psychiatric history and so I thought this was pretty easy to deal with. I thought it might be related to the fact that she had a bad marriage and her only child was going off to school, and so she was a little panicked perhaps about maybe leaving her marriage or missing her child. So we started with some cognitive behavioral therapy, uh and, that really didn't help very much so I decided to use medication. We went through, ah, three medication trials without benefit, and this whole process took about a year. After a year, she paged me on a Saturday evening ah and, she was having a panic attack and knowing that panic attacks are really pretty easy to treat, I started to wonder about what I was missing. So I went into the office very early on Monday morning and looked at some of the blood work that I had done, which really wasn't much, and saw that the size of her red blood cells was larger than normal. I had ignored it a year earlier because I was taught that if something's just a little bit out of the normal range, it's not worth paying attention to. So I looked a little further, did a little research, and did some testing and found that she had a B12 deficiency – gave her B12 injection, and with the first injection, her panic

disappeared. So at that point, I realized that the uh, head is connected to the body by this thing called the neck -

Serge: Yes.

Robert: And uh, it was uh, gee, you know, maybe there's a lot more going on here because I think we're all aware of uh, this kind of a revolving door phenomenon in the mental health field where people see one practitioner and then they after a while leave that practitioner and maybe sometime later go back to another practitioner and they seem to be in the mental health system for a long time and the reason here is obviously there's a heavy emphasis on medication as a major way of dealing with mental health problems and psychotherapy has taken a second, second uh, place. But what I realized at that point was that there was whole other domain which was the physiology and this particular case was the first illustration in my practice of that. It led to me looking for other treatable causes uh, of uh, mental health problems, things that might be destabilizing, um, and one thing led to another and I started to see that there were multiple systems involved. Then in 1996 after my first book came out, I myself became fatigued and I think you could say I was on the edge of chronic fatigue syndrome. I started investigating that and that led me to a field of – called functional medicine and I studied that for several years and in the process treated myself and felt better than ever. And eventually came to understand that there are many different systems that affect the mind, and the mind affects the systems so it's really a bidirectional network. The systems are nutrition, digestion, immune function, infections, detoxification, oxidative stress, hormones, genetics, epigenetics, as well as psychosocial and spiritual factors. Um, so, mental health is a complex uh, process and outcome and when we're looking at someone who has a mental health problem through the lens of whole psychiatry - whole psychiatry would like to really look at all the different levels that could be operational. So...

Serge: Yeah, yeah, so, very interesting in the, you know, the examples you mentioned. You know there is a broadening. So for instance, in the case of anxiety, you went to, uh, what was in the framework you had at the time that most likely uh, it cured the, to be the most likely to be effective. Then you went on to something else which was also likely to be effective, and when you didn't find an answer, you looked elsewhere and found that actually something happened in the body – in this case, in the blood. And so, that's a question of, um, looking at systems, at – at the -

Robert: That's right.

Serge: - Yeah. Yeah. And, and so when we talk about mind and body being related, uh, it's actually going to be paying attention to the various systems in the biology of the human being that are going to potentially have also an impact on how moods, um, are affected.

Robert: Yeah, I think that's right, and I would even say – I would even say that mind and body, I wouldn't say they're related; I would say they're part of one whole.

Serge: Yeah, yeah.

Robert: They're really inseparable and it's uh, it's an artificial distinction. In the case that I was talking about, uh, this 50 year old woman, the problem actually started not in her blood, but it actually started in her stomach because she was unable to absorb vitamin B12.

Serge: Mhm, mhm.

Robert: So, um, you know I can certainly talk more about it, but I think, uh, the most important thing is to understand that mental health is not an isolated part of health. The studies clearly show that people with mental health disturbances have certain diseases more commonly, um, whether it's diabetes, hypertension, uh, heart disease, osteoporosis, you know, obesity. You know, there's – there's a linkage between mental health and physical health and psychosocial, spiritual status.

Serge: So, uh, in a way, as a result of seeing people who have previously seen, uh, other doctors, other psychiatrists, other therapists, um, what is it that you would want to draw attention to, uh, you know, among people who listen to this conversation who are psychotherapists who may have a general sense of, um, you know, the relationship with what happens in the body and what happens emotionally, but don't necessarily have that medical knowledge. What is it that maybe we could be paying more attention to?

Robert: Okay, that's a great question. I think, uh, it's actually much less complex than, than a change. So, if, if I had my druthers, I would have every therapist take a gastrointestinal history and a dietary history. So, at the first meeting, you would ask a person either to come in with a three-day food diary or ask them what they ate for breakfast, lunch, dinner the night before.

Serge: Mhm.

Robert: And you'll, you'll get a sense of what their dietary habits are. Now, obviously, you'll have to have some knowledge yourself about what a healthy diet is and that's, that information's readily available. Second thing is to just take a history of how the gastrointestinal tract is functioning so you ask, um, "Are you having constipation?" "Are you having diarrhea?" "Are you having cramping, belching, bloating, gassiness, reflux..." Um. These are very simple diagnostic questions which might take three minutes. Why is that important? It's important because the gastrointestinal tract is the foundation – it's one of the main foundations of health. I would say the foundations of health are the gastrointestinal tract and nutrition, the air we breathe, the sensory input, uh, including the thoughts and – uh, well, let me not say thoughts, let me say the – the uh, input into our minds. And so it, we're really talking about input, what're the inputs, the inputs in terms of -

Serge: Mhm.

Robert: - You know, what do we watch, what do we read, what do we listen to, who do we hang around, what – what kind of sensory stimulation, what – how much touch do we get, how much exercise, and what do we eat and how do we digest our food. Uh, those and the air we breathe, those are the main inputs. And so the gastrointestinal tract is a major input – we eat 3, 4 times a day; what're you eating and how you're processing it.

Serge: Yeah.

Robert: That's the fundamental – that's one of the fundamentals.

Serge: So incredibly simple when you describe it this way is say, um, that what's happening, say, mood disorder, or what we observe are symptoms that we output and what we're looking at is paying attention to, on the one hand, the input, and two, the way in which the system processes it.

Robert: Yeah, I think that's a good way of looking at it. Sometimes I look at it in other ways, uh, antecedents, triggers, and mediators, but I think what we're talking about is, is, is very, uh, very true and real and then, I would say the inputs, uh, also wash out over our genes.

Serge: Mhm.

Robert: And it then affect gene expression. But I think for a psychotherapist's, um, purposes, taking that really good dietary history and, nut - you know, nutritional history, and gastrointestinal history takes all of five minutes and following up on that, if there are problems with repeating the questions in two or three weeks so that the patient, the client, begins to understand that this has some importance – and that you're, you're kind of observing what it -

Serge: - Mhm, mhm.

Robert: You know, and helping them along. And if need be, you refer them whether to a nutritionist, or gastroenterologist, or a functional medicine doctor, um, and in that way, there can be tremendously helpful.

Serge: Yes, and so, uh, in a very practical way, uh, the, you know, the help, the helpfulness of this is obvious but there is another part to it that in a way by doing this, uh, in a, in a very concrete way, you'll have established a relationship between what we do and what we ingest, and uh, how we feel. And so -

Robert: - That's right.

Serge: That's very clearly communicated to the client as well.

Robert: Yeah, so, that's the first thing.

Serge: Mhm.

Robert: The second thing is, and this is something therapists are fairly adept at, is looking at what the, um, psychological social inputs are. And here's how I would put it; it's a little more stark than the way we usually think of it. I would say that we're all brain-washed: every single person on this planet is brain-washed. So you have to pick your washing machine.

Serge: -chuckles-

Robert: Do you – do you want to have um, spiritual orientation to life, uh, what kind of orientation do you wanna have? Whatever it is that you want to have, you have to give yourself inputs that actually cause your mind to operate along that pathway. So, um, it's very important. If you want to have a spiritual life, you don't really wanna be watching horror films and the – and the 6 o'clock news because all those things do is give you fear. If you wanna have a positive attitude towards life, if you want gratitude, you have to have inputs that actually support you're starting to think in ways and noticing gratitude. So that means maybe you wanna read prayers or maybe you wanna read about gratitude or maybe you wanna go into a 12-step program or whatever it is, you look for inputs that will support that. You would *not* want to hang around people who are negative. You would

want to have friends who are positive. Uh, if you wanna be the best race car driver around, then you want to have inputs that help you in that realm. You know, as a psychiatrist I had inputs; I had teachers and readings and colleagues and patients – all of these things have shaped my brain and helped my mind function. We all operate that way so it's very important to consciously screen and choose the sensory and psychological and social inputs so that what will come out will be what you want to come out.

Serge: Yes, yes. That's true.

Robert: What your experience and lens will be and select for.

Serge: So, so, you know, I noticed why you used uh, "we're all brain-washed" you know, at the beginning of this, uh, topic, uh, because it's a very powerful uh, striking image but you know, really, what we're talking about is that the miss of being a person in the way of isolation is amiss, and uh, we are the result of our various influences and how we digest them, and so uh, by, you know, we can exercise a degree of choice in terms of, um, you know, the milieu we're in because that's going to affect us.

Robert: Right, that's absolutely right. And it's important to recognize that um, we are not, um, static. You know, we can become, uh, well, let me change that. We can begin to experience the world through the lens that we choose to use. You want to see things in a positive way, you can begin to develop that lens.

Serge: And so, uh, implicitly what you're describing is that even if we don't have an exact prescription for the kind of input that's going to be uh, giving us the best result, by being conscious of the relationship between input and output, we can also perfect this by trial and error.

Robert: That's right, it's a choice, um. There's no one prescription for everyone even if you said, uh, "I wanna become a spiritual person," well, the, the inputs that you would find helpful and beneficial and meaningful are gonna be different than the inputs that I would choose.

Serge: Mhm.

Robert: So everybody has to make their choices about, about those things.

Serge: Yeah. So we –

Robert: -And I think it's, it's important to recognize that these, these inputs that we're talking about then have a, a very significant effect on our physiology.

Serge: Mhm, mhm, mhm. So we've talked about, uh, two kinds of inputs: the one of diet and um, gastrointestinal tract and uh, psychological and social inputs.

Robert: Mhm. So, a third input would be air. And, it sounds kind of silly but um, the air we breathe is very important and uh so, we want to ask, and this is very simple for therapists to, to do, ask the uh, person what their, uh, the quality of the air is. Are they working in an old building? Is it a musty place? Is it a hundred year old building? Has there been flooding in the home? Has there ever been a

flood in the basement? Um, is it moldy? Um, you know, are you working in an environment, say, like a printer would where there are toxic chemicals in the air?

Serge: Mhm.

Robert: Um, these things obviously could have an effect depending on the person's sensitivity. Uh, it can have an effect on their, their health and their mental health.

Serge: Yeah, yeah, yeah. Yeah, as you say, it's something that's, uh, pretty obvious but we don't necessarily make the link between -

Robert: Right.

Serge: - that and how we are and how we feel.

Robert: Right, right. And then, maybe, uh, a fourth, um, a fourth uh, input would be um, bacteria. Let's say bacteria and viruses. So for example, um, how, how careful are you in terms of sanitary habits. Um, are you exposed to infectious agents, whether it's in the classroom teaching young children and having young children at home. Uh, are you living in a country area where there are ticks or other, um, insect-borne diseases? Um, do you have fungal infections – you know this whole, this whole area of infectious illness, um, which is really in a sense another input into the system can have a huge effects on OCD, anxiety, panic, memory problems, mood problems, and even schizophrenia.

Serge: Mm. Yeah. So, paying attention to these four categories of input, and again relating it and noticing the impact on life.

Robert: Mhm. Yeah. I think that, I think that if somebody were to read over the transcript of this discussion or listen to this, this discussion again, you can make a list, probably, of 15 or 20 questions that you could even put into a questionnaire and just have your clients –

Serge: - That, that's exactly, I – I – I was actually thinking about that and uh, uh, waiting to ask you if it's actually something that uh, would be okay with you but it's, that's what this conversation is inspiring me to do.

Robert: Yes, absolutely, I think that's a great idea.

Serge: Yeah.

Robert: And if people are um, interested, I do have a psychometabolic questionnaire that I've developed. Um, I, I have to, I haven't looked at it in a couple of years because I do this myself in a, a pretty regular way all the time so I don't really use the questionnaire for that, but it's something that I could forward to people and they can see if it's complete enough for them.

Serge: Mhm.

Robert: Or even, even better really, I think that questionnaire, it's available and I'm willing to send it to people, but, but I would also say, you can just listen to this and just write out questions. It's very

straightforward. If you do this with people, you will find that you can really influence their health in a fundamental level.

Serge: Mhm, mhm. Yeah, yeah, yeah, yeah. Yeah. No, I mean what, what I find really incredibly inspiring as I'm listening to this is, um, you know, obviously, as I mentioned before, the practicality of paying attention to this and this and making the specific changes. Uh, but that, um, uh, it's also such a powerful way to communicate the philosophy of um, uh, you know, seeing things in a system perspective, the influence of uh, environmental factor and body factor on the experience of life. That you know, you could talk to people until you're blue in the face and not get through but sharing that experience is actually a very, very powerful way to communicate the concept. So, to me, that's at least as, as exciting as the specific contents which, which is great.

Robert: Yeah, I'm glad you appreciate it cause I think it's uh, it's, it's very powerful. I, I, let me say this, people just need to think of this in very simplistic terms; it's get the bad stuff out and put the good stuff in.

Serge: Yeah, yeah. Yeah. Yeah. And in an interesting way, we're talking about, uh, bad stuff and good stuff, not just in terms of surface but in terms of uh, you know, the basic structures of life, the underlying structures of nape. You know the good stuff.

Robert: Yeah, that's right.

Serge: Yeah.

Robert: Now it's very interesting, um, if you don't mind my going on a little bit.

Serge: No.

Robert: Uh, so, um, I was uh, having lunch, probably 15 years ago with my, my children and nephew and somehow the conversation went to "Well, if you could have one thing in life, what would you like?" And you know, the answers were uh, were pretty much vanilla and material, like, I would like a Bentley, or this and that. You know, material. Pretty much material.

Serge: Yeah.

Robert: And what I, what I said was, "What I would like best is a good attitude. Because with a good attitude, you can handle anything." And even further than that, if you have a good attitude, your immune system functions better, your relationships are better, your gastrointestinal tract functions better, you know, your adrenal glands function better, uh, and certainly your experience of life is, is much, much sweeter.

Serge: Mhm, mhm.

Robert: So for me, that's uh, if I could have one thing, that's what I would have.

Serge: Yeah, yeah, yeah. So the uh, you know, in a way, the interface of how we function with the, you know, all the components of the system. Uh, and that's uh, part of where we can, to some extent

of course, uh, it's not something that we can will ourselves to have, but there is an intentionality about realizing the value that good attitude and uh, and doing everything we can to get there.

Robert: Yeah, I would say there's an intentionality and even, uh, added to that is a practice. And I would say that as therapists, you have to be very careful not to be always looking for the source of the problem. You know I, I think that's so easy to fall into. Well, maybe it's because of this or maybe it's cause of that or was it because of your mother or because of your father or grandmother or um, maybe you think this because of that. You know, that ends up being a um, fault-finding, problem-finding focus. It's not that it doesn't have a place, but it could become a way of thinking about yourself and the world.

Serge: Yeah, yeah.

Robert: And that can be very, uh, disruptive.

Serge: But also interestingly enough, when you put it this way, uh, you know, it's not the same thing as looking at the underlying cause because it seems like a cause because historically, it might have contributed to it or even created it. But actually in the present moment, uh, what perpetuates it is the practice, is what you're doing.

Robert: Mhm, right.

Serge: So, just focusing on what happened historically is actually not going to address how it keeps being perpetuated in the present moment.

Robert: Mhm. And the truth of the matter is, really, the real truth is that we can't really find cause. Most of the time, we can't really assign cause to anything.

Serge: Mhm.

Robert: Because there's all these multiple factors playing in to something. You know, let's take a simple example. You walking and you fell and broke your leg. You can say, "Well, that's why I'm in pain." Well, that's part of it but why did you fall? Maybe you fell because – fell because you haven't been going to the gym and so your muscles, your core muscles are uh, unstable.

Serge: Mhm.

Robert: And maybe you fell because you have some um, neuropathy in your legs because you're taking prilosec for your reflux and prilosec stops the absorption of B12 so your nerves and your legs are not really sensitive as they should be. You know, maybe it's cause your mind was somewhere else and, and, you weren't looking because you have an argument with your, you know, your sister or you know. There's, they're actually isn't caused from most things, it's usually a systemic thing. So, if we really look at things uh, objectively, we'd see that there're always multiple inputs but in this society, certainly in medicine, we're always looking for cause and we think uh, falsely, that if we find one cause, we'd be able to solve the problem. But uh, even, even with pneumonia: if I took a 100 people and put them in a room and uh, sprayed them with pneumococcal pneumonia bacteria, everybody wouldn't get pneumonia.

Serge: Right.

Robert: Certain people would because they're more vulnerable but others wouldn't.

Serge: Yeah and, and, and if you're obviously in terms of mental phenomenon, uh, things that create PTSD in some people don't in others and some people strengthen by some events. So again the idea that you cannot, you know, the, the model of pain is not something that is linear in terms of, uh, you know, stimulus and response. So there's an illusion about looking for a cause um, that is actually instead of being proactive is actually hiding uh, you know, how to deal with, with effectively changing things.

Robert: And, and it also creates a mindset of victim.

Serge: Mhm.

Robert: You know, because we become the victims of someone or something instead of understanding that you know, in, in a broad sense, this is just where we are and multiple reasons for where we are and it's worth understanding the multiplicity of this and, and, planning how to move forward.

Serge: Yeah, yeah. And so I want to, to uh, reinforce what you're saying is that the opposite of um, that state of feeling victimized or of experiencing oneself as a victim is not the idea of grin and bear it but is actually of realizing that there is some things, some possibility of making changes, some possibility of affecting, uh, the situation. And that by going in that direction and shifting and putting energy there, uh, there is a possibility of agency as opposed to passive helplessness.

Robert: That's right, that's exactly right.

Serge: Yeah. I'm gonna just take a moment to check, you know, if um, there's uh, you know, it feels like, whole – obviously not as uh, everything that you have to say but is there an introduction to the topic, or if there's something you might want to uh, to add.

Robert: Uh, I guess, um, one, one thing I would add is that I whole this whole psychiatry because um, it's a combination of traditional psychiatry and functional medicine, and uh, other modalities. But also because it's important to remember that we don't know, and we will always not know a, a great deal and it's really critical to have comfort with the uncertainty of not knowing. If a person needs certainty, uh, in a sense that they know everything or most things, then they by definition have to exclude anything that causes a disturbance in their comfort level. And so you end up excluding information and ways of thinking that could be very helpful in life, so not knowing and uncertainty is something that people need to get comfortable with and become aware of. And um, and that's, that's part of why I use the word whole-

Serge: Yeah, yeah, yeah.

Robert: - in the term Whole Psychiatry.

Serge: Which feels, again, very beautifully related to what you said about um, you know, looking for a simple cause as a way to alleviate the anxiety of not knowing. And um, you know that the idea of embracing the idea, the not knowing is related to that.

Robert: Yeah, I- I would like to maybe close with one, one more case -

Serge: Mhm.

Robert: - Just to give you a broader perspective. Um, I have a patient who I treated who was 18-years old when I first saw him and he had severe OCD. He came to me because he didn't want to take any medication; he had been in therapy uh, in the past – it was not helpful. And when he came to me, he had trouble bending one of his fingers – he couldn't straighten it out actually, he kept it bent all the time because of a superstition that if he straightened it out, um, it would, it would cause bad things. So actually, he had a contracture where he really, physically was unable to straighten it because the tendon had, had tightened and shrunk. So, when I worked him up, I found that he had four different infections in his body and, and by treating those, as well as a couple of hormonal, nutritional issues and getting him into an exposure response prevention type of therapy, within three months he was back to normal.

Serge: Mm.


Robert: And uh, without medication. And that's an example of how this approach can be helpful.

Serge: Yeah, yeah, yeah. Yeah, so that's, that's a very powerful example. And as you're talking, you know the, you know I wanted to share with you that my, um, sense of um, whole psychiatry in a way I understand it, uh, also as psychiatry that is anchored in the wholeness of um, what is a human being and the human condition.

Robert: Mhm, mhm. I think that's very accurate.

Serge: Yeah... Thank you, Dr. Hedaya.

Robert: Oh, my pleasure, thank you Serge.

 *This conversation was transcribed by Claire Cornelio.*

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