

Matt (host): Welcome back to Nimble Youth. I'm your host, Matt Buttermann. Our experiment with live video capture continues and you can again see for yourselves why I've been told I have a face for radio. If I haven't scared you away already, You can watch our episodes on our new YouTube channel, which will be posted at our website. And as always, you can find audio only versions of the Nimble Youth podcast on all major podcast platforms.

Today begins, marks the beginning of a new series, one that feels both deeply personal and profoundly relevant. Over the next few episodes, we'll explore the lives of people who grew up with various mental health conditions and we'll explore their struggles, their triumphs, and the important roles that family and community played in their growth and development. Today, we're talking about autism, what we understand about it, how that understanding has evolved, and how young people on the spectrum and their families can build meaningful, connected lives. In this first conversation, Doctor. Gretchen Hoyle shares the story of her cousin Patrick, who was born in 1972 before autism was even a common clinical diagnosis.

Patrick's life unfolded in an era when differences in communication, behavior, or learning were often misunderstood, mislabeled, or ignored. Through his story, we'll look at how far we've come and how far we still have to go. Before we begin, I want to highlight three powerful reasons why belonging to sympathetic communities, whether that's family, peer groups, or structured support circles, can be transformative for young people with autism. First, the community provides predictability and safety. Many autistic children thrive in environments where people around them understand their needs and respect their sensory boundaries.

When a child feels secure, anxiety drops and authentic learning and connection can begin. Second, belonging fosters identity and self worth. When young people with autism can share space with others who think or experience the world as they do, they stop feeling wrong or broken. They can start seeing their differences as part of a spectrum of human variation something to understand and celebrate, not a race. And third, supportive communities give families and peers a chance to grow in empathy.

They build bridges across neurological differences, turning what might feel isolating into an opportunity for shared understanding. As Doctor. Hoyle's story about Patrick reminds us, when community is missing, misunderstanding fills the gap. But when community is present, patient, informed, and compassionate it can change the trajectory of a child's life. When we talk about autism today, we do so with decades of research, advocacy, and awareness at our backs.

But for families in the 1970s, that vocabulary didn't exist yet. There were no diagnostic pathways, no IEP meetings, no online communities offering guidance and solidarity. Parents and children often had to make sense of behaviors and needs that no one could quite name. And Doctor. Gretchen Hoyle knows this history personally.

Her cousin Patrick was one of those children bright, sensitive, and deeply misunderstood in a time before autism spectrum disorder entered the cultural or medical conversation. Patrick's story offers a window into how families once navigated uncertainty without the language or

systems we now take for granted and how even then love and intuition built the first kind of community. So Doctor. Hoyle joins us now to share Patrick's story. So I guess Doctor.Hoyle, let's start with some of the background of Patrick's life.

Dr. Hoyle: Sure. And thanks so much for having me. This is a story that I've held close for decades, and it still shapes the work that I do every day in the clinic. I grew up in a really close family. There were nine cousins on my mother's side, including my sister and myself, and all of us were within four to five years of each other.

And so we were always together. I remember growing up on holidays and weekends at my grandmother's house and summers in the backyard and in the pool. And it was really loud and chaotic and really, really fun. And so one of my cousins was named Patrick and he was two years younger than me. I was the third oldest in this group and he was the seventh.

So that sort of gave me like an older sister. He had a younger brother vibe, but it also sort of shows you how tight in age we were. He was only a couple of years younger, but there were so many of us all at the same age that we had a sort of built in group to play with. And so even as kids, we knew that Patrick was different, not worse or less than anybody else, but just different. He was really, really bright.

One Christmas, he got an almanac and that became his thing. He would carry the almanac everywhere he went and he memorized capitals of countries that most adults had never heard of. Unless he knew their population and imports and weather patterns. He became, it became kind of a, sort of a family game or like little parlor trick, where you just ask Patrick, what's the capital of, and then some country that you heard on the news. And he would, he would always know.

This was really fun and interesting. But he had a lot of challenges as well. So we grew up in a generation where we spent, you know, most of the time playing outside, lots of games and sports. And for him, physical coordination was really hard. So group games often needed some accommodations.

And so one of the things that we did back in that era, you know, we chose teams, you tried to make them even. And so that may mean, you know, matching up his skills with kids who are maybe a little more coordinated and a little bit better at the sport and that tend to make it so that everybody could enjoy the activity. Remember when we were young at Easter, we'd have an Easter egg hunt in the backyard every year. And, my grandmother's yard had a tree that split about three feet off the ground and the Easter bunny would place in plain sight in the crook of that tree, an egg. And all of us knew that that was the Patrick egg.

That we weren't going to take that one because that one was for him to find. It was interesting in that, like, things that were hidden would have been really hard for him to find. And so we had to sort of help with that. Sometimes the older cousins would call him over to an area to get him to

help us look and, you know, he would find an egg in that setting as well. But it was interesting because like, you know, the things that were hidden or nuanced were harder for him.

And that I think was true, like with social interactions as well. He was happiest when he was with us. His cousins, he told me that multiple times growing up and again, as an adult, was really gentle and sweet, but he was also easily frustrated at times. Had to work really hard to sort of regulate his emotions, which was a skill that he and all of us, I think are still, you know, is a life skill to learn. And at the time, in the 1970s and early eighties, autism wasn't a widely diagnosed condition.

We didn't really have the language for what we saw for him. But as I got older and then went to college and took an intro to psych class and then took some developmental psychology and then went to medical school and pediatrics residency, it became clear to me that what Patrick had was autism.

Matt (host): Right. So I'm listening to your description of Patrick and I'm recalling some of my own childhood experiences. I learned to read by looking at maps and I too could tell you the capital cities of many obscure countries like the African nation of Burundi, which is Bujumbura. I did not Google that. So, you can, you can check me on that, but you know, I, and I too was, you know, socially awkward as a child.

But that improved when I got to college, maybe. But what are some of the things that would now lead to a diagnosis of autism versus someone who is just neurodivergent like?

Dr. Hoyle: Sure. So that is a, it's a soft like division between people who have a diagnosis or, or who qualify as a, for a diagnosis of autism versus folks who are just what we call neurodivergent. And sometimes it depends on, you know, who's doing the evaluation and what, you know, how they're, how they're proceeding with that. But the core symptoms of autism, especially that, you know, we see in the clinic and that I really felt like I was seeing in real time with him as we were growing up was some struggles with communication. And so things that were inside jokes or things that we would, some would, work challenging for him.

Like he was very much taking things literally. And that was, you know, as you get a little bit older and in age, and you start to recognize that there's nuance in language that was a real challenge for him. He was a very good reader, but the nuance part of it was hard. So, communication, like social interaction, was really hard. He had sort of struggles with sort of recognizing what other people's mood was at the time that they were talking to them.

He had difficulty with sort of being able to fluently talk to people he didn't know very well, which is part of why, you know, hanging with us was really, you know, helpful for him. And, you know, back in that time, I think kids were just often described as sort of quirky and shy or odd and in their own world. The other, I guess, core condition to your core symptom was this sort of idea of narrowed interest. And so that kind of was on brand for him with the Almanac, but he had other things that he would get very sort of deeply interested in that were not sort of, you know, like

commonly all that interesting to kids his age. And so it, it, we, we sort of accepted it as if that was who he is, and that's what he wanted to talk about and that we, you know, enjoyed engaging with him on that.

But I got the sense from him that that was not the experience that he had most of the time in school with his peers who did not, who were not related to him, didn't know him. And so, those were sort of the things that we saw with him. And then, you know, it's a lot of the time, the way those diagnoses are made, is that we're used to think of what Patrick, I think, would have qualified for a diagnosis of Asperger's syndrome at the time that that was, that I was learning about it. And so that's kind of how I'd always conceptualized him. Now we aren't using that as an antiquated term now.

We're just calling all of it autism spectrum disorder and then giving it different levels. But I think it's always the kiddos who are high functioning, who are capable of doing lots of things that are to some degree like developmental age appropriate, that sometimes it's a bit of a head scratcher. It's like this is that, is that really what they have? Or is it, you know, not quite to that, level or is it something else? And so, so there's still a lot to be understood, but we know a whole lot more than we did at that time back in those days.

Like it was, we really didn't know very much about what was happening internally for folks with this particular condition and that they had, you know, a lot of sensory sensitivities. They process stress in a different way, but they also had pretty significant strengths some of the time, but then they would also be somewhat vulnerable.

Matt (host): And so Patrick went to college and beyond.

Dr. Hoyle: He did. He did. And so he was, you know, always a really bright kid and he could handle the academic work and he went to college and he lived in college in a community of people who had similar challenges. And that was a real blessing for him. And so he completed college and then went on to get a master's degree in library science.

So also on brand for him, which really fit him well. And so, you know, there were periods of time in his life when he was doing really well. And then there were times where sort of the buildup of strained, like social and relational challenges of adulthood were really hard for him. And so he had some challenges, employment wise, friendship wise, just relationship wise, and sometimes his day to day interactions kind of broke down. So he ended up living with his mom and his stepfather after some particularly hard years.

And that was just right after the pandemic. So I think a lot of folks were struggling, but that's where he was when we got a chance to reconnect.

Matt (host): So in 2023, you, you got to see him a couple of times. You were separated geographically until he moved back with his mother and stepfather. And then in November 2023,

there was a special, very special family event and that ended up being the last time that you saw him. So tell us about that, that very poignant story.

Dr. Hoyle: Sure. So we had actually been able to get together in August. He invited all of us down for sort of a little reunion to the city where he was living and, and that was super fun. And around that time we were finding out about the November event. And so our family home, which was the home that our great, great grandparents built in Old Salem.

So in Winston Salem, the portion of that is Old Salem, where we, it's a historical area and the home that our great, great grandparents had built and our grandparents had lived in was turning two fifty years old. And the current owner graciously invited us all as the descendants of the folks who had built the home to a celebration for the house, which was really fun. And so Patrick came up for the weekend and we had a great time reminiscing and laughing and just remembering old stories. We were really connected and he was telling us about his new interest in birding, which was great. And he had found a community for that interest.

And we were just, it was really, it felt like our childhood rhythm was all still there. And then after the event on Sunday, he headed back to the city where he was living and he had roached a car to come to this event and he was returning the rental car and a family member picked him up and drove to drive him home. On the drive home, something happened. It was an argument or altercation of some kind. And then a car crash and Patrick was killed.

And so that happened like two years ago this week. So it does, it is on my mind quite a bit.

Matt (host): Absolutely. That was a very difficult thing, certainly at the time for you to deal with, but I guess one way that you've mobilized the pain from that event is just through using your experiences with Patrick, his legacy to influence the work that you do now. Right? And so can you talk a little bit about that connection?

Dr. Hoyle: Sure. So absolutely. So I, I feel like Patrick is with me like every day in clinic When I meet a child who's really bright, but really sort of socially isolated, or when I meet a teenager who feels different and can't really tell me why, when a parent tells me, I don't know how to help my child make friends. When I see anxiety or depression that's layered on top of autistic traits, that I see him. And I remember him as someone who really craved community.

He lit up when people understood him and made space for him. But he struggled, really struggled with interpersonal skills that allow you to build and maintain adult relationships. And then there's like a hopeful part that I have. We know so much more than we did back then about how to teach social communication skills and how to support executive functioning for folks who have, who are neurodivergent. We know how to help autistic kids thrive in school and in friendships and work and in life.

But there is some tension in that. And that is that, like we talked about before, kids today tend to have fewer in person interactions than ever. They're on screens more. They have less practice

reading facial expressions, fewer organic peer moments, and that's concerning, especially for neurodivergent kids who really need to practice a face to face experience in order to build those pathways in their brain that help them understand those tasks.

Matt (host): Right. So for the parents listening right now, especially those who see their child in parts of Patrick's story, there's a list of six things, I guess, that we've come up with takeaways to remember as they're starting to navigate this journey. So Kent, let's go through those.

Dr. Hoyle: Sure. So if your child seems different socially, please feel free to explore that and not with fear, but with curiosity and compassion. I think that there's a lot of fear built into these concerns because for such a long time, we didn't really have much to offer or know what to do, but now there's just a lot that we can help with. And so I encourage folks to explore those differences and talk with your pediatrician about those and see if we need to, you know, have more of an assessment done. Lots of things can be supported, especially the earlier we start the better.

Also, I would say, you know, autism is not a tragedy, but isolation can be. And so with finding community and acceptance and connection, those are all really protective for folks with autism. And that experience of building community literally changes your developmental pathways. Like we had talked in previous podcasts. Sometimes that community that your child has is not maybe what you were expecting or anticipating before, you know, maybe before your child was born or as they got older, but being open to the community that fits best for your child is really important.

And I encourage parents to keep that in mind. Also, I would say that neurodivergent kids often have really extraordinary strengths. And I would say that most of the people who, you know, are innovators or artists or have these really amazing ideas and creativity, they tend to work, look at the world in a little different way from neurotypical people. And so recognizing that it's often the neurodivergent among us that moves us forward as a society. And so celebrating that I think is warranted and important.

And, but it's also important to remember that while they can have a lot of strengths, they are also more vulnerable in general to things like anxiety and depression and loneliness, not just with the autism itself, but because the world isn't really built for the way that their brain works. And so trying to help build skills to bridge that gap is really important. Your pediatrician can help. And what we're here to do is to evaluate developmental differences and we can support social skill building and coordinate therapy and school services and mental healthcare, not need to be trying to figure this out alone. And most importantly, just celebrate your child.

Difference is not a deficiency and connection really is everything.

Matt (host): It really is. I think that last one is really important to remember and it's what we'll end this episode with. So Doctor. Hoyle, you for sharing Patrick with us today, his brilliance, his sweetness, his complexity, and his impact. This conversation is going to stay with people for a long time.

And for our listeners, if today's episode resonated with you, we encourage you to reach out to your pediatrician or mental health provider with any concerns about your child's development or social functioning. These conversations matter. This is a nimble youth podcast. We'll see you next time.