

Shrink Rap Radio #359
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“Addiction in the Realm of Hungry Ghosts”

Dr. David Van Nuys Ph.D., aka ‘Dr. Dave’ interviews Dr. Gabor Maté, MD
(Transcribed from <http://www.shrinkrapradio.com> by Gloria Oelman)

Introduction:

My guest today is Dr. Gabor Maté and we’ll be discussing his outlook on issues of drug addiction.

Gabor Maté MD is a physician and bestselling author whose books have been published in nearly twenty languages worldwide. Dr. Maté is highly sought after for his expertise on a range of topics, from addiction and attention deficit disorder to mind-body wellness, adolescent mental health, and parenting. A renowned thinker and public speaker, he addresses audiences all over North America, including professional and academic groups like nurses’ organizations, psychiatry departments, and corporate conventions, as well as presentations and seminars for local community groups and the general public. As a writer and speaker, he is widely known for the power, insight, clarity, candor, compassion, humor, and warmth of his presentations.

Common to all of Dr. Maté’s work is a focus on understanding the broader context in which human disease and disorders arise, from cancer to autoimmune conditions like Multiple Sclerosis, rheumatoid arthritis, ulcerative colitis, or fibromyalgia; childhood behavioral disorders like ADD, oppositionality, or bullying; or addiction, from substance abuse to obsessive gambling, shopping, or even workaholism. Rather than offering facile, quick-fix solutions to these complex issues, Dr. Maté weaves together scientific research, case histories, and his own insights and experience to present a broad perspective that enlightens and empowers people to promote their own healing and that of those around them. His approach is holistic and kaleidoscopic – linking everything from neurophysiology, immunology, and developmental psychology to economic and social policy – and even touches on the spiritual dimensions of disease and healing.

His books, all Canadian best-sellers, include: *Scattered Minds: A New Look at the Origins and Healing of Attention Deficit Disorder* (1999), *When the Body Says No: The Cost of Hidden Stress* (2004), *Hold On to Your Kids: Why Parents Need to Matter More Than Peers* (2005) co-written with Gordon Neufeld, Ph.D and *In The Realm of Hungry Ghosts: Close Encounters With Addiction* (2009). He’s the recipient of the 2009 Hubert Evans Prize for Literary Non-Fiction.

Now here’s the interview.

Dr. Dave: Dr. Gabor Maté welcome to Shrink Rap Radio.

Gabor Maté: A pleasure to be here. Thank you.

Dr. Dave: Well, it's certainly a pleasure for me. I've been immersing myself in your work particularly your book *In The Realm of Hungry Ghosts* on addiction and also been discovering quite a bit of your interviews on You Tube which could lead us off into some other very interesting directions as well. Your book focuses quite a bit on your work in a certain neighborhood of Vancouver, British Columbia. Are you still carrying on that work or have you moved on?

Gabor Maté: Well, I'm too busy traveling and speaking and writing to do the clinical work any more. I'm still involved with some individuals and I'm still involved in training people down there but no longer in the day-to-day clinical work.

Dr. Dave: Okay, well so we'll be speaking a bit about the past then I guess in some ways because I only just, as a result of seeing things on You Tube, I just sort of tumbled to the notion that 'oh, I think he's moved on.' Now one of the ways in which you describe yourself in the book is as an infant survivor of Auschwitz – perhaps you can give us a little background on that.

Gabor Maté: Well, not exactly Auschwitz, I never got to Auschwitz, thank God. ...

Dr. Dave: Okay, I guess it was family you've lost in...

Gabor Maté: ... I don't think I'd have survived had I got there. But I am Jewish, I was born in Hungary in January 1944, two months before the Germans occupied Budapest and when they did occupy Hungary then followed the extermination within three months of about 400,000 Hungarian Jews, including my grandparents. My mother and I were nearly a part of that group and we were saved from it by history really but we were certainly under threat in the first year of my life and that first year of my life under Nazi occupation with my mother being as ?struck and as terrorized as she was certainly had an impact on my development.

Dr. Dave: Yes, I wanted to ask you in fact what bearing, if any, do you think those early beginnings have had on the fact that you came to work providing palliative care against overwhelming odds to miserably addicted, ill and hopeless people in a blighted neighborhood of Vancouver?

Gabor Maté: Well, let's make a distinction. I did work in palliative care for seven years in Vancouver Hospital. I was the medical director of the palliative care unit. That was different from my addiction work, which followed after that. So I did provide addiction medicine in what is North America's most concentrated area of drug use, which is Vancouver's downtown east side. I did that for twelve years. Prior to that, for seven years I was the coordinator of the palliative care unit at Vancouver Hospital. What I do say in the book is that in some ways, working with this addicted population is similar to the palliative care work in that you're very often dealing with people, many of whom will not ever overcome their illness.

Dr. Dave: And maybe a better term for your approach would have been harm reduction, would that be a better fit?

Gabor Maté: Harm reduction was a part of it. In working within an addictive population... and I haven't answered your question about my childhood, my infancy

but harm reduction is a part of addiction medicine work because for a lot of people, it's just unrealistic, given present circumstances to think that they're going to give up their addiction. So in that context one's efforts are directed towards, at least in the beginning, towards reducing the harm of the addiction to these people. Not just harm of the addiction but also the harm of the socially retrograde, scientifically backward and completely unscientific and uncompassionate approach that society takes towards the addict. So we're reducing the harm of the addiction itself but we're also reducing the harm of social persecution of addicts.

Dr. Dave: Yes, yes.

Gabor Maté: Now that's a part of the work. Another part of the work is dealing with people's medical issues such as HIV and Hepatitis and everything else that they have and partly it's also, you're making the best effort possible to help people overcome their addictions. It's just the question that in that context, that's not a realistic outcome much of the time.

Dr. Dave: Yes. Now you said you had not finished answering my first question so I want to give you the space to do that.

Gabor Maté: Well, I would say that there are two major factors there – one is that as a result of those early experiences, I've had my own addiction issues and so I've been very aware that I'm not all that different from the clients. I mean I'm different in the sense that my addictions are more polite and are more respectable, also that I'm university educated, obviously a highly trained professional with all kinds of advantages in this world but that in significant ways the internal psychological and emotional dynamics and neurobiological dynamics that I've experienced are similar to those of my patients. That's the first point and the second point is, of course, that I grew up with a very clear sense that people suffer sometimes for no fault of their own. Just because of social indifference and that is you can make a case that that was certainly the situation for my family's experience in Eastern Europe and it's also the experience of the drug addicts in today's society.

Dr. Dave: Yes, yes. Your book is very eloquent and it takes us into that neighborhood with you and allows us to vividly experience the pain that you witness, as well as the flashes of joy that come from intense encounters in which all pretense has been stripped away.

Gabor Maté: Yeah.

Dr. Dave: The title of your book is *In the Realm of Hungry Ghosts*, can you tell us a bit about where that title comes from and what it signifies here.

Gabor Maté: It's a Buddhist image – in the Buddhist symbology, people cycle through six realms, which represent different aspects, I believe, of human existence. The six realms include the human realm, which is our ordinary selves, then there's the animal realm, which is our appetites and our drives, or what you might call our id, then there is the hell realm, of painful, unbearable emotions. And one of the other realms is the realm of hungry ghosts in which the creatures are depicted as ones with large empty bellies, small scrawny necks, tiny mouths, so that that emptiness within

can never be fulfilled from the outside and so they haunt our lives, always trying to satiate that unbearable emptiness and that's the realm of addiction. And of course it's not a question that some people are there all the time and others are never there. I think most of us go through all of these realms, maybe even in the course of a single day, as a point I make in my book and the hungry ghost realm is that of the realm of addictions and my sense is that people inhabit that realm as their attempt to escape the hell realm of painful terror and distress.

Dr. Dave: Yes, yes. I have some personal experiences with those realms. Part one of your book takes us into the trenches with you and introduces us to some of the personalities that you've worked with and you deftly underscore not only their intense pain and hopelessness but also their humanity and beauty. To give us a sense of that, I'm wondering if you can take us through one of those cases or sketches, either one from the book or one since the book was finished.

Gabor Maté: Well, I'll tell you about a happier case actually, one that's not in the book.

Dr. Dave: Okay.

Gabor Maté: A woman patient of mine who I'll call Cynthia, that actually is her name, she's a native Canadian woman – aboriginal native Indian you might say. Now as you know from American history, the aboriginal people here were horribly treated by the colonizers, the Caucasians who came from Europe. At times the wars were those of genocidal extermination and all kinds of abuse that they were subjected to, same thing in Canada and so these people are blighted with histories of multi-generational trauma including four hundred years in this country until quite recently, native kids were forcibly abducted from their parents and forced into attending these residential schools. Not only was every effort made to eradicate the Indian out of them but they were also sexually and physically abused after generations and generations. Which means that trauma has become now endemic in the native communities and traumatized multi-generationally, then they end up traumatizing the next generation themselves. This is what happens to trauma, it becomes a multi-generational chain. So Cynthia had a childhood where she was traumatized, sexually abused and so on and she was living in the downtown east side of Vancouver doing heroin and cocaine and whatever else and overdosing and nearly dying and she's lost her four children and had very little chance of surviving but because she came to some group that I was leading with an Amazonian plant called ayahuasca, which is a shamanic plant and she participated in the shamanic ceremonies, she's now completely free of her drugs.

Dr. Dave: That's wonderful and I had only just discovered before this interview as I started looking through some of the You Tubes that you have gotten into that work and I want to come back to that in some depth later on in the interview if we can do that.

Gabor Maté: The reason I mention Cynthia is because she's not in my book but there are people in that book with similar histories who have since died. There's the young woman who's in one of the earlier chapters – the chapter's called *You Wouldn't Believe My Life Story...*

Dr. Dave: Yes, I remember that one.

Gabor Maté: And this woman had a child when she was fifteen or sixteen. She herself had been abandoned in infancy by her mother who was also sixteen when she had her and when she had her child she came to the downtown east side looking for her mother, who she found living in a hotel, who injected her with heroin, stole her money and then prostituted her.

Dr. Dave: Yeah, what betrayal.

Gabor Maté: Well, you know, betrayal, yes but really what it was was the acting out of the generations of trauma that her people had been subjected to. And that woman, whose story is told in some detail in the book, died a month after the book was published. She died of a brain abscess.

Dr. Dave: Yes.

Gabor Maté: So I mention Cynthia's story because thank God, it doesn't always end like that and there's always the possibility of transformation no matter what you suffered as long as the right support is available.

Dr. Dave: Right, right. Well you emphasize the traumatic history quite a bit. What about the, quotes, 'addictive personality?' You write that you found that a painful history of extraordinary trauma and... *you* found actually, that a painful history of extraordinary trauma and abuse in each of the addicts that you've worked with and if I recall correctly, you say that their substance abuse serves the function of numbing their pain. Can you say a bit more about that?

Gabor Maté: Well, first of all it's not just my personal observation. There's large scale population studies in the United States, called the *Adverse Childhood Experience Studies* which clearly show that the more adversity a child experiences, the greater the risk of addiction exponentially. So that if there are factors such as sexual, emotional or physical abuse, the death of a parent, addiction in the family, violence in the family, a parent being jailed, a parent being mentally ill and being addicted. For each of these adverse childhood experiences the risk of addiction goes up exponentially and there's no question that the more trauma a person experiences in childhood, the significant degree the risk of addiction. So that is hardly controversial, it's just how it is. In fact what is extraordinary is not that it should be that way but that it is that way and so few physicians recognize it.

Dr. Dave: Yes.

Gabor Maté: So most addictions physicians really don't know much about trauma at all, even though every patient they see was traumatized. So that's what's extraordinary and the trauma of course creates that pain. Keith Richards the Rolling Stones guitarist says it very well in his own autobiography called *Life*, talking about his own heroin addiction, he says it was all about the search for oblivion. And he said 'the contortions we go through just not to be ourselves for a few hours' and if you look at what the medications do, every single one of them is a pain reliever. I mean

the opiates like heroin, oxycontin, dilaudid, codeine, morphine, these are all painkillers, not just physical but emotional painkillers. Cocaine is a local anaesthetic, it numbs nerve endings. Alcohol is a painkiller – what do you say about somebody who's drunk too much – you say 'he's feeling no pain.'

Dr. Dave: Yes.

Gabor Maté: Cannabis is an analgesic and a useful one. So all the drugs that are abused virtually either directly numb pain or they distract you from it, so behind addiction, in every single case is significant emotional pain.

Dr. Dave: And one of the things that you emphasize is that the substances are also a way of holding at bay their fear of living, that so called normal life is more frightening than their addictive behavior and the toll it exacts in terms of illness and loss and so on.

Gabor Maté: Well of course why would anybody be afraid of living it's because life has been so frightening, you know, when they were helpless. So that fear of life reflects childhood experiences purely and simple.

Dr. Dave: And I was particularly moved by your description of how trapped these addicts are living in a kind of jail or ghetto without physical bars or walls, the walls that hem them in, are the judgments of the straight world and their own sense of unworthiness which, as you point out, comes from their traumatic history.

Gabor Maté: Well, children are pure narcissists in the sense that they take everything personally, like everything is because of them. So if a child is treated well and the parents are happy around the child, the child naturally comes to believe that it's because of him or her and then they have a good sense of themselves. But the obverse is also true, that when you're abused or treated badly, or living with parents who are emotionally themselves very stressed and their lives are fraught with misery, the child takes that personally as well and then the self image is that of somebody who is not worthy, so that becomes a trap, as you say, that becomes a prison. So there's the prison of the negative self image, there's the prison of the pain that you need to escape, there's also the prison that we haven't talked about yet, which is the neurobiology that is shaped by early experience and finally there's the prison – the significant one – of the judgments of the so called straight world. And not just the judgments by the way but also the retrograde and horrendously cruel war on drugs, so called war on drugs. Even the phrase 'war on drugs' is a euphemism. There's no war on drugs because you can't make war on inanimate objects, you can only make war on human beings. People that the war on drugs makes war on, are the drug addicts who are the very people who were abused in the first place, which is why they end up as drug addicts.

Dr. Dave: Yes.

Gabor Maté: Not only were people traumatized in childhood, they continue to be traumatized by a society that blames them for trying to soothe their pain by substances that for some completely unfathomable reason are illegal whereas other substances that are much more dangerous to your health, for example cigarettes and alcohol, are

legal. So we have layers upon layers of fences surrounding these people, some of them internal and of course some of them imposed by a completely irrational social attitude towards them.

Dr. Dave: Yeah, I'm definitely on the same page with you there. One of the things that I'm moved by in your book is your continual self disclosure and also your constantly working at being as authentic as possible and throughout the narrative sometimes you catch yourself being judgmental and being less than your highest self and in doing that you give us a window into your inner dialogue and process and as a result, I think we as readers recognize parts of ourselves. I certainly, as a clinician, as a person, I am aware of my judgments and a repugnant kind of reaction sometimes to people who seem different, you know, in dramatic ways.

Gabor Maté: Well the best comment on that is the one by Jesus where he says before you try to remove the slither from your brother's eye, pull from your own eye and generally when we perceive other people in a judgmental way it's because they mirror something inside of us that we don't want to acknowledge or accept about ourselves. So when I was dealing with my drug addicted clients there was nothing about them that I didn't also see in myself, nothing at all. So that their emptiness, their hunger, their search for meaning and satiation from the outside, their dishonesty, their manipulation, their denial, these are all things I recognized about myself and some days I recognize them more than others and the days when I didn't want to recognize it, then I'd have my judgments about them.

Dr. Dave: Yes, yeah. And that comes out beautifully in the narrative. You referred to this earlier – one of your self disclosures is your self confrontation round your own addiction to classical music of all things. My first reaction was 'c'mon, this is a bit of a stretch' but as I read on, learning that you were spending thousands of dollars in a couple of days, or a week on CDs that you might not ever get around to listening to and your description of the shame that you felt about the ways that this behavior would lead to lying to your wife and distancing yourself from your wife and your daughter, it helped me to see that in fact there was in fact an addictive quality to it, that even culminated in your attending an AA session. So perhaps you can fill that out a bit more for our listeners.

Gabor Maté: Well, first of all David, I wasn't addicted to classical music, I was addicted to *shopping* for classical music.

Dr. Dave: Okay, yes. (laughter)

Gabor Maté: I mean I love classical music, I still do, there's nothing wrong with that. It's a great passion, you know, classical music, as all music, and different music will speak to, or call to, different people but for me classical music is for me one of the highest forms of human creativity and genius and emotionally resonates on so many different levels.

Dr. Dave: So tell us about the addiction to shopping then.

Gabor Maté: So it's not the classical music per se, it's the need to shop for it and that's different because the shopping meant that even when I bought something, it was

never enough. I would never stay home and listen to it. If it was the music that I was so taken with, which I was but if it was purely the music I would then just really enjoy and stay home and listen to it. But it's the need to acquire more and more and to shop and to leave my practice, to leave my work, to leave my family and at all times and get more music and to have that momentary hit, that momentary satisfaction and then the urge to go back an hour later and culminating in that one week where, as you say, I spent eight thousand dollars. That's what the addiction is. So the addiction is not to the music per se, it's to the acquisition of music, which is not really different from the heroin addict who gets their hit and four hours later has to have another one.

Dr. Dave: So you make the point that addiction exists on a continuum from substance abuse to somewhat more benign behavioral forms – how can listeners recognize addictive behavior in themselves?

Gabor Maté: Well that depends how you define addiction and my definition of addiction is any behavior that a person enjoys, finds some relief or pleasure in, craves but which carries negative consequences and you continue in it, despite those negative consequences. Notice is said nothing about substances – any behavior that you crave, that you find pleasure and relief in that has negative consequences and you have no control over, or you can't give it up. That's an addiction. So that means you could be addicted to work, to exercise, or you can work normally, you can exercise responsibly and not be addicted at all. So it's not the external behavior, it's the internal relationship to it. What's driving it and does it have a negative consequence?

Dr. Dave: Right.

Gabor Maté: To work so much that you ignore your spiritual needs and your physical needs and your family and your relationships and you can't stand it when you're not working, you've got an addiction. Now it doesn't matter how it looks from the outside, you might look like a responsible employee or a really dedicated company executive but if internally that's how you relate to it, you've got an addiction problem and you're going to suffer for it and create suffering in the people around you. It's the same with exercise and anything else and furthermore if you look at the brain biology of addictive behaviors, it doesn't matter if you're addicted to sex or the internet or gambling, work, shopping, or heroin, or crystal meth, or cocaine, it's the same brain circuits and the same brain chemicals and the same emotional dynamics that are implicated. So that addiction really is in a continuum and the fact that I had a respectable addiction to work which meant that people really admired the way I practiced medicine, which also meant that I ignored my family and I didn't take care of myself, or that I had an addiction to such a beautiful activity as listening to classical music, or in my case shopping for it, all this is very respectable. A few blocks away my addicted clients are doing cocaine or heroin because they were more traumatized than I was. That's the only difference. So that the continuum of suffering and the continuum of addictive manifestation engulfs, I think, most of us in this society, which is all the more reason why we like to judge and exclude the drug addict because we just don't want to recognize our similarity.

Dr. Dave: Yeah, they're our shadows so to speak. How does addiction affect the brain? What kinds of changes does it produce?

Gabor Maté: Well, before we go there you have to look at, before the addiction affects the brain, the brain affects the addiction.

Dr. Dave: Yeah, it's a two way street.

Gabor Maté: Because the circuits that are implicated in addiction, later on develop, or don't develop in a healthy way based on early environments. See, what we know now is that the human brain develops under the impact of the environment and particularly under the impact of the mutual responsiveness of adult-child relationships. So when children are brought up in circumstances of emotional deprivation or worse, abuse and trauma, key brain circuits don't develop. Which means that those key brain circuits then are the templates for the addictive behavior later on. So that the biology of addiction is very much potentiated by stress early in life – stress not just after birth but even stress on the pregnant mother. You can stress pregnant women as – you won't do it experimentally – but if you look at abused women for example, there are higher levels of the stress hormone cortisol in the placenta at delivery and their kids will be more likely to be diagnosed with conditions that predispose to addiction later on. Stress pregnant animals in the laboratory and their offspring will be more likely to use cocaine and alcohol to soothe themselves as adults. I'm talking about before birth.

Dr. Dave: Yes.

Gabor Maté: So it's not just that the addiction affects the brain biology, it's that the brain biology itself is affected by early trauma and early stress in such a way as to make addictions much more likely to take on an irresistible pull in that particular individual. Now then of course addictive behaviors of any kind but particularly with substances, of course, will also have an effect on the brain, so that the longer you're doing a substance the more you can track negative brain changes. Which also makes it more difficult for you to make the right decisions, which is one more reason why it's stupid to blame people for their addictions – a) they didn't create the brain biology that has become their lot owing to their early stress and trauma and b) the substances themselves harm the brain in such a way as to make rational decision making more difficult. So to further punish people and to judge them and ostracize them for it, rather than treating them compassionately is not only inhumane, it's also unscientific.

Dr. Dave: Yes, yes. Now what do we know about genetics in relation to this addiction?

Gabor Maté: Well, there's what we think we know and what we actually do know. What we think we know – if you look at the American Society of Addiction Medicine – they still define addiction as a condition that's about fifty per cent determined by genes. Which is a lot of nonsense, I would say that not even five per cent is determined by genes. If you actually look at genes, the long and short of it is that genes are turned on and off by the environment, so according to studies both in animals and in human beings, even individuals who might have some genes that may predispose them to addictions, will never become addicted if the nurturing circumstances are right. In other words genes are turned on and off by the appropriate environment. And so children who may inherit those genes but if they are nurtured well, those genes are not activated. They're activated only if the child is badly treated

and the same is true with animals and so that genes don't determine, even if they're present, they don't determine addictive behavior. At the very most they might provide some predisposition but most of the predisposition has got nothing to do with genes, it's got to do with early childhood experience and trauma and emotional loss. And of course the... I'm not going to go into the science of it except to say that the logic on which the studies are based – the twin studies – are laughably shallow, in fact they're ridiculously shallow. It's amazing that they don't see the falsehood of their own logic here. To argue for example that because something runs in a family it must be genetic is ridiculous because if you're a psychologist and your father was a psychologist and your daughter becomes a psychologist, does that mean that psychology is a genetic disease?

Dr. Dave: Laughs.

Gabor Maté: I mean it could be but it doesn't prove it because maybe you can recreate the conditions from one generation to the next, where similar lines of development will occur and that's what you see in addictions, is multi-generational trauma. So you don't have to resort to genetics at all to explain addictions. If they play a role it's a small one.

Dr. Dave: Have you had a opportunity to debate some of the scientists who are involved in that research about your point of view?

Gabor Maté: I don't debate then personally, I explain, provide the scientific basis. In the book there's an appendix of the views about the genetic basis of addiction, or the lack of it and I provide all the scientific references but I haven't been in personal debate. I've talked to medical audiences, I don't usually get much argument from them. Usually I get a lot of silence but not a lot of argument. (both laugh) There's not much there to argue with.

Dr. Dave: Yes, yes.

Gabor Maté: The silence is always interesting because it means a kind of discomfort without knowing how to engage with it.

Dr. Dave: Right, right. You pose some interesting questions at the beginning of your book and one of them – and you sort of propose that you're going to answer them as one goes on in the book, or that you're going to discover them in the process of writing the book – and so one of those questions was 'is there such a thing as an addictive personality, that some people are doomed ahead of time because they have that personality and others don't. Maybe you've been speaking to that...

Gabor Maté: There is an addictive personality but nobody's doomed, number one. Number two, what is the personality? The personality's nothing that you're born with, you're born with a temperament but nobody's born with a personality. The personality develops in interaction with the environment and of much of what we call the personality, is actually a coping mechanism. So for example, you might say about somebody that they're a control freak, right?

Dr. Dave: Right.

Gabor Maté: That's their personality, they're a control freak but nobody's born a control freak. People are just born very sensitive and if their environment is out of control, then they'll learn that the way to survive is to control everything. That becomes their personality but that's just a coping mechanism. So similarly there's the addictive personality with the sense of insatiable emptiness, inadequate emotional differentiation, so you get to get overwhelmed by the emotional states of other people that you're in relationship with, various other features but that doesn't mean that you were born with those features, nor does it mean that you're doomed to have those features just because the personality, again, is not who we are, the personality is simply a representation of our coping mechanisms that we had to develop as children and it's not written in stone. It may be wired in very deeply but it's not necessarily that we're doomed to it but that in fact we can clarify and transform the personality depending on how committed we are to personal growth.

Dr. Dave: That kind of relates to another one of those questions that you posed which was 'how much choice does the addict really have?' You talked about society persecuting addicts which in a way would seem to imply that they don't have choice so...

Gabor Maté: Choice really is an interesting question because choice is nothing absolute, you know. You might say, for example, that I have freedom of choice as to, after I lock my door, if I check to see if it's locked or not, okay?

Dr. Dave: Yeah.

Gabor Maté: But what if I'm obsessive compulsive, then how much choice do I really have? Then I might be driven to check that lock a hundred times before I leave the house. So how much choice do I actually have?

Dr. Dave: Hmm, hm.

Gabor Maté: In other words, our choices are limited by our internal programming, especially if that programming is unconscious. So, women, for example, women who were traumatized, abused as children, will very often end up with men who traumatize them, who abuse them. How much choice did they really have? They were actually programmed to seek abusive men as their partners and it's very difficult for them to be even other ways. So choice is never absolute, choice exists in a context. You might say that the American electorate has a choice who they're going to vote for in the election but how much do they really have, when only very rich people can actually run, given the way the American system works? Now how much choice do people actually have? And furthermore when the information on which they vote comes from a media that's tightly controlled and highly manipulated? So how much freedom is there really in this free country of yours, or any free country, so called free country? In other words, choices are not abstract, they're practical issues and when it comes to the brain of the drug addict, when the brain has been programmed by certain neurobiological development that has to do with early childhood, that greatly reduces choice. And when you actually recognize that much of human behavior, especially when it comes to the big decisions, is really unconscious. People don't really know why they decide most things. Nobody decides why they're going to marry somebody

else. You fall in love. You haven't decided to fall in love with that person most of the time, it just happens, you have no idea why it happens. Now typically what you find out is that you married somebody that's going to bring back precisely your childhood emotions. That's why people get so surprised by their marriages – 'I didn't sign up for this!' The fact is they did (Dr. Dave laughs) but they didn't know why they were signing up for it.

Dr. Dave: Yeah.

Gabor Maté: So seeing that most decisions are unconscious, when the brain is programmed in certain ways, the choice you've got is limited. So the real issue is, what will promote choice? What will allow people to make free choice? And what promotes free choice is consciousness, is awareness, so the more aware we are, the more choice we have.

Dr. Dave: Yeah.

Gabor Maté: Most people that become addicts are unconscious, they're driven, it happens as a response to pain, it happens at a time when they're young and unaware and largely without knowledge of who they are and why they do what they do. How can we talk about choice? And furthermore then the drugs damage the brain further which reduces it's rational capacity. So, I'm not saying there's no choice at all and I am saying that the identification of choice has to be the goal of addiction treatment but just to make the bland assumption that we all have freedom of choice is just not congruent with reality.

Dr. Dave: Yeah, I'm thinking about your earlier reference to the war on drugs and how that's a failure and so there's the issue when it comes to choice and psychological states and so on, that the law tends to look at it differently than psychologists and psychiatrists do.

Gabor Maté: Well the law assumes that people are making a choice and if people are making a choice that has negative consequences for them or for society then the way you deal with it is you punish them so as to deter others. So the whole logic behind the criminal justice system is that people are acting out of choice. If you actually understood that people are not acting out of choice there'd be no justification at all for the war on drugs, none whatsoever, zero. Now as Dr. Bessel van der Kolk who's work you might know, he's a professor of psychiatry at Boston University and a world expert on trauma said that a hundred per cent of the criminal justice system are actually traumatized children. Well who chooses to be a traumatized child? But these are the people that we fill our prisons with.

Dr. Dave: Hmm, hm. Do you have a war on drugs in Canada?

Gabor Maté: Oh, yes, we're great followers of the American way. Our current government is spending millions of dollars toughening up the drug laws, building more jails and incarcerating people longer and as a result of course, lacking the money for psychological and rehab services. So that everything that has failed and has failed spectacularly and notoriously in your country, is now being emulated here in mine.

Dr. Dave: Yeah.

Gabor Maté: This is the brilliance and humanity of our own government here.

Dr. Dave: I watched one of your talks on You Tube where you spoke about having returned from a ten day Vipissana meditation retreat and you realized that you spend too much time distracting yourself with work, something I can totally identify with and you said you were going to take a year long sabbatical, to get to know yourself better.

Gabor Maté: I don't think I said a year long, I did say I'll take a sabbatical.

Dr. Dave: Okay (laughs). Maybe I misheard it. Have you taken that sabbatical?

Gabor Maté: Or maybe I've forgotten what I promised myself, I don't know. I am going to take a sabbatical. I've spent much of the last year, or more than a year but since last summer, traveling and speaking all over the place. I've just come back from a five day trip that took me to Vermont and various places in Canada. Before that I was gone for two and a half and three and a half weeks respectively from Brazil to Northern Ontario, to Las Vegas to Albany in New York and...

Dr. Dave: That doesn't sound like that sabbatical has happened yet (laughs).

Gabor Maté: No, it hasn't happened yet but what I was about to say is that I'm home this week now and then I have a few more days of travel and next week and then I'm going to start a two month where I'm mostly going to be on our summer place in our beautiful gulf island in British Columbia. And in the fall, although I'll be doing traveling, I will not be doing this extensive traveling for speaking and I am going to take a lot of time over the next year staying at home and quite probably beginning to write my next book and just developing a different life pattern where I'm not doing so much speaking and travelling. Which, by the way, I really enjoy because I love the speaking, I love the teaching, I love the response, I love meeting people all over the place but at the same time, it's time to do something different.

Dr. Dave: Yes, yes and one of the different things that you've been doing is that you've become involved with ayahuasca. You know in the book you talked about struggling with your own process of self discovery and getting to know yourself better and discovering that there was a lot of underlying anxiety, so what was your experience with ayahuasca in terms of getting to know yourself and the encounter with anxiety?

Gabor Maté: Well, ayahuasca is a brew that's made out of two plants in the Amazon and it's one of these plants that the shamans, the medicine men and women in the Amazon have used for hundreds, maybe thousands of years, as a source of visions and insight and after my book was published, I received many questions about what I knew about ayahuasca and the treatment of addiction. I knew nothing about them as a physician, why would I have but then I found out and had the opportunity to experience myself. And it really is – under the right circumstances, with the right guidance, with the proper ceremony it really is a plant, it's a substance that opens up the heart and opens up the emotional networks in the brain that were maybe

sequestered or largely closed down in childhood. So it's a process that allows people, in the right guidance, again I emphasize in a right context only, it's something, it's a modality that helps people get to know themselves and to let go of old patterns, including addictive patterns. So it's no panacea but it's a wonderful modality that goes way beyond what most people in the western medical system can experience.

Dr. Dave: So again, what was the impact on you?

Gabor Maté: The first impact on me was that I just experienced love in a very deep way, not love for anybody in particular, although that too but just love and my heart really opened up and I had tears of joy such as I'd never experienced before.

Dr. Dave: Beautiful.

Gabor Maté: And when you experience that, when you realize that that's actually who you are, that's a part of you, then there's much less of a reason to keep running away then, to keep chasing something on the outside. When you realize that the truth of love, the completeness of it, is internal to all of us, why keep running to the outside then? Now, it's not as simple as that because the old, old patterns can reassert themselves, it's one thing to participate in a ceremony, it's quite another to come back to life in this culture and try and maintain that awareness...

Dr. Dave: Yes.

Gabor Maté: ...but it's an opening that one doesn't forget and one can then relate to life differently. It's a gradual process. For some people it's immediately transformative, it's not for everybody for sure and yet for others, it's something that opens doors that they keep walking through and each time they do, they find more liberation.

Dr. Dave: Again from You Tube I gather you've started leading ayahuasca retreats. Is there any legal risk in your doing that?

Gabor Maté: Well, I've been warned by the Canadian... the Canadian Broadcasting Corporation that actually did the documentary on my work with addiction and ayahuasca and the results are great in that people that were addicted before are not addicted any more but they still informed me that it's illegal and were I to continue with it, I might incur some legal sanctions. So I no longer do this work in Canada but that doesn't mean I've dropped my interest or activity around it because it's such a powerfully healing modality. So, that's the most I will say about it at this point.

Dr. Dave: Sure. Well, that's really tragic that research and practice have really been so closed down in both of our countries in terms of the potential of using substances...

Gabor Maté: Well, let me tell you about another substance, if you want something totally amazing. There's an African substance called ibogaine or the iboga is the plant, ibogaine is the active ingredient in the plant. You can have somebody who's a heroin addict for two decades or maybe on methadone maintenance or suboxone or

something else and they can do ibogaine, again under the right circumstances, with the right guidance only, I emphasize that...

Dr. Dave: Sure.

Gabor Maté: ...if they do it with the proper supervision and support, they can do ibogaine once and then maybe another time in the following week and they'll have no withdrawal from their opiate, no withdrawal whatsoever. Now I wouldn't have believed it had I not witnessed it myself.

Dr. Dave: Yes.

Gabor Maté: But I'm telling you I know... since then I've sent several people for this treatment always with great success. So people that were long term opiate addicts are no longer, because of this illegal plant. In my country – it's not illegal by the way in your cities apparently, I've been told.

Dr. Dave: That's amazing and again it's tragic that there can't be more open experimentation.

Gabor Maté: Well, the irony of course is both on ayahuasca and on ibogaine, there's been lots of research, lots of research. You know I mean lots of scientific research has been done, lots of doctors have worked with it, these are not fly by night unknown little modalities. They've been looked at extensively but their practical application is completely limited by the complete irrationalities of the regulations.

Dr. Dave: Yes. Well where do you see your work going in the future? I guess both your inner work and your outer work.

Gabor Maté: Well, you know, if there's any theme in my life, as to what's driving me, I have this tremendous thirst for the truth, just knowing how things are.

Dr. Dave: Hmm, hm.

Gabor Maté: And in helping people become aware of the truth of their own lives. So in one form or another, that's going to continue no matter what I do because my work is reasonably well known now, I've attracted some great support in my life. That's going to help me take the work further and it can never be a question of external versus internal work, if you don't do the internal work, you also can't do the external work. Or at least it will suffer significantly.

Dr. Dave: Yes.

Gabor Maté: To know that the more I learn about myself, the more I can feel comfortable in my own skin, the more effective my work out in the world becomes as well.

Dr. Dave: Well that's probably a great place for us to wrap it up. That's kind of a great close I think. So Dr. Gabor Maté thanks for being my guest on Shrink Rap Radio.

Gabor Maté: It's a great pleasure to speak with you. May I just mention my website?

Dr. Dave: Yes, please do.

Gabor Maté: Which is www.drgabormate.com where people can find out all about my books that I've written, articles I've written, they can download chapters of the books and as you also mentioned there are many lectures and interviews of mine on You Tube that people can also check out. Thank you for this opportunity and thank you, it's really a pleasure to speak with you.

WRAP UP:

I think I was a bit intimidated by Dr. Maté after reading his book and as a consequence I felt like I was having a little bit of difficulty finding my own comfort spot during the interview. His book is so well written. The narratives of his case histories read like short stories complete with dialogue. It really seemed like it was happening in the moment and I wondered 'how could he remember this dialogue or was he somehow recreating it?' In part I think my discomfort also was because I only realized a little before the interview that he is no longer engaged in the work described in the book. Not still engaged with the ideas and beliefs you heard him articulate but he's no longer working in the clinic in that blighted Vancouver neighborhood that he wrote about.

I wanted to engage him on topics that were currently alive for him and it felt like we finally got there when we began speaking about ayahuasca toward the end. I think the other reason I felt somewhat intimidated, besides the excellence of his book, is that we actually share a lot of values and issues in common and I wasn't sure how to get that across to build that empathetic bridge with him. One personal anecdote that comes to mind in relation to drug addiction, is something one of my supervisors told me when I was interning at a VA hospital during graduate school. She shared that she had taken heroin once, just to see what it was like. This was a rather shocking revelation to me, because she was an older and very straight, or conservative seeming woman. She told me that the effect of the heroin was to immediately remove all pain, that it lifted her out of all the chronic pains that she wasn't even aware of and that she never wanted to return to her painful body. That story was enough to warn me off of trying heroin even once. I know that I'd find that release from all the pains of existence very seductive, too much so for me to want to take a chance.

I certainly agree with Dr. Maté that the war on drugs is wrong headed and has had disastrous effects and you know from past interviews that I strongly feel that plant medicines like ayahuasca and mescaline have great therapeutic potential and I think it's a tragedy that our country has gone to such great lengths to make it impossible for scientists and therapists to responsibly explore their therapeutic and spiritual uses. Dr. Maté's anecdotal story about Cynthia being freed from her long time addiction was moving and powerful as was his reference to the African plant that seems to eliminate withdrawal.

I've long held that one cure for addiction is a religious conversion experience. I believe these plant medicines have the potential to induce such a conversion experience and of course I completely agree with him that a ritual context with a wise and experienced guide is essential for a good result. So it should be clear that I give a big thumbs up to his book *In the Realm of Hungry Ghosts* and I'd encourage you to use the www.amazon.com widget on our site to order your copy. I've not read his other books but I'm sure they're excellent as well and as you heard us mention there are very fine clips from his interviews and lectures on You Tube.

Thanks to today's guest Gabor Maté MD for sharing his experiences around addiction.