TAMING THE HUNGRY GHOSTS: A Biopsychosocial Approach to Addiction

Dr. Gabor Maté

What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.

Alice Miller
Breaking Down the Wall of Silence

The meaning of all addictions could be defined as endeavours at controlling our life experiences with the help of external remedies… Unfortunately, all external means of improving our life experiences are double-edged swords: they are always good and bad. No external remedy improves our condition without, at the same time, making it worse.

Thomas Hora M.D.
Beyond the Dream: Awakening to Reality

Introduction:

The three ways of knowing
Mindful awareness, bare attention, reflexive cf. reflective

“Be at least as interested in your own reactions as in the people and situations that evoke those reactions.”
Eckhart Tolle

Addiction

Any repeated behaviour, substance-related or not, in which a person feels compelled to persist, regardless of its negative impact on his life and the lives of others. Addiction involves:

1. compulsive engagement with the behaviour, a preoccupation with it
2. impaired control over the behaviour
3. persistence or relapse, despite evidence of harm
4. dissatisfaction, irritability or intense craving when the object—be it a drug or other goal—is not immediately available.

Models of Addiction

1. Choice

2. Disease model: genetic-- a., the evidence
   b. what it misses
   c. “concurrent disorders”
3. Biopsychosocial—interpersonal neurobiology: the basis for dysfunction and maldevelopment, but also for healing

**Dependence cf. Addiction**

**What Is The Mind**

A system for the processing of information flow

Not identical with the brain

Mind can shape the brain, just as brain is the major template for the mind

**“Concurrent Disorders”**

ADHD
Depression
Anxiety
PTSD
Social Phobias
Personality Disorders
Bipolar Illness

**The Brain Circuits of Addiction**

1. Opiates: Reward/Pleasure/Pain relief
2. Dopamine: Incentive/Reward/Motivation
3. Emotional Self-Regulation and Impulse Control
4. Stress Regulation and Stress Response

**How the human brain develops**

a. Biology does not equal heredity, physiology is not ruled by genetics: epigenetic influences
b. Neural Darwinism

c. The orbitofrontal cortex: it’s role, and how its development is influenced by the psycho-emotional environment

d. Attunement in brain development

e. The hereditary component: sensitivity; predisposition does not equal predetermination

The necessary condition for all the brain circuits discussed above is access to a consistently available, emotionally stable, non-stressed nurturing parental care giver

“Human connections create neuronal connections.”

(Dr. Daniel Siegel, a founding member of UCLA’s Center for Culture, Brain and Development.

“For the infant and young child, attachment relationships are the major environmental factors that shape the development of the brain during its period of maximal growth . . . Attachment establishes an interpersonal relationship that helps the immature brain use the mature functions of the parent’s brain to organize its own processes.”

(Dr. D. Siegel)

“At any point in this process you have all these potentials for either good or bad stimulation to get in there and set the microstructure of the brain.”

(Dr. Robert Post, chief of the Biological Psychiatry Branch of the [U.S.] National Institute of Mental Health)

“[An] abnormal or impoverished rearing environment can decrease a thousand fold the number of synapses per axon [the long extension from the cell body that conducts electrical impulses toward another neuron], retard growth and eliminate billions if not trillions of synapses per brain, and result in the preservation of abnormal interconnections which are normally discarded over the course of development.

. . . environmentally induced deficits include a reduced ability to anticipate consequences or to inhibit irrelevant or inappropriate, self-destructive behaviours, and humans and other animals demonstrate severe disturbances in all aspects of social, emotional, expressive and perceptual functioning.”

(Dr. Rhawn Joseph, brain researcher)
The biology of loss:
   a., intrapartum stress
   b., early separation: rats, monkeys
   c., postpartum stress
   d., childhood abuse and adversity

Genes and epigenetics

Dislocation: the social basis of addiction
   the addicted society

The Peer Factor (another important pathway to disordered attachments and addiction)

Stress (addictions as stress relievers)
   1. Stressor
   2. The Processing Apparatus: implicit memory, interpretation, story
   3. The physiological stress response

The Mind/Body Unity: Psychoneuroimmunology
   1. The physiological template: the HPA axis
   2. Emotional correlates: lack of expression
   3. Emotional triggers for the physiological stress response
      a. lack of information/uncertainty
      b. loss of control (helplessness)
      c. unresolved conflict
      d. emotional isolation
**Implicit Memory**

“...when people are influenced by past experience without any awareness that they are remembering.”

“[The] implicit effects of past experiences shape our emotional reactions, preferences, and dispositions—key elements of what we call personality...”

(Dr. Daniel Schacter, *Searching for Memory: The Brain, The Mind and The Past*)

1) Emotional memory

2) Template for world view

3) Template for relationships

4) Body memories and responses

5) Priming

**The Universal Addiction Process**

1) Cross-addictions: one addiction often accompanied or followed by others

2) Biological relatives also at greater risk

3) Common pathways of neurobiological activity, structure and development

4) Similar premorbid patterns of psychiatric disorders

5) People with other disorders, e.g., bulimia, sexual addiction, gambling more likely to develop psychoactive substance disorders

**The Addiction-Prone Personality**

- Chronic emotional distress, conscious or unconscious, not related to specific situations
- Poor self-regulation
- Impaired impulse control
- Sense of deficient emptiness
- Incomplete differentiation (functional vs. genuine)
**ADHD**: a major risk factor for addictions

**Addiction and Freedom of Choice**

The neurobiology of choice

The psychology of choice, implying resilience vs. defendedness

**The Phylogenetic Neurovisceral Systems**

1. Reptilian: immobilization (freeze, dissociation)
2. Mammalian: flight or fright
3. Social engagement: the myelinated vagus: the neuroception of safety being the essential condition

4. **The Three Primary Brain Defenses**

1. Emotional shutdown
2. Divided attention (dissociation)
3. Detachment

**Healing Addiction: The Ecology of Recovery**

1. Compassionate Curiosity
2. Mindful Awareness: the Impartial Observer (see below)
3. The External Environment: triggers, stressors, supports, structures
4. War on Drugs or War on Drug Addicts? Know Thine Enemy.
Goals of treatment: recovery

Sobriety cf. abstinence
Harm reduction: techniques

The Four Compassions

Basic: Emotional
Understanding
Recognition
Transformation/possibility: healing
Neuroplasticity

Identification cf. Empathy

The Island of Relief:

Unconditional acceptance
Working with judgments
Mindfulness, bare attention
Being triggered

The five modes of stopping and calming:
Recognition
Acceptance
Embracing
Deep looking
Insight

The Role of Conscious Awareness

a. In the therapeutic relationship

b. In healing

Addiction and the Spiritual Quest

Spirituality cf. religious belief
Two meanings of spirituality

“All problems are psychological, but all solutions are spiritual.”
Thomas Hora, M.D.

The Twelve Steps Revisited

- What’s valuable
- What’s missing

Families and caregivers

Ibid, 67 and 85.


**Bibliography: The Nurturing Environment**


Bibliography: Brain, Mind, and Brain Development


Books by Gabor Maté


