The Seekers Forum Transcript

An Interview with Dr. Gabor Mate

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Welcome to The Seekers Forum Guest Interview series. It's great to have spoken to Dr. Gabor Mate about the Mother's Gaze and how that affects our later development emotionally as well as socially. Dr. Mate, of course, is a renowned speaker and best-selling author who's best known for his expertise on early childhood development, addiction and stress. He was born in Hungary in 1944 and survived the Holocaust and then emigrated to Canada where he's been a physician in private practice for many years. He's won numerous awards including the Hubert Evans Prize for Literary Non-Fiction and the Martin Luther King Humanitarian Award, and written several best-selling books including In the Realm of the Hungry Ghosts, When the Body Says No, *and* Scattered Minds: A New Look at the Origins and Healing of Attention Disorder. *It was great to talk to Dr. Gabor Mate. He's a profound and sensitive soul and I think you're going to enjoy this interview.*

MM: Welcome, Dr. Mate. Thank you so much for taking the time to talk to me today.

GM: You're very welcome. It's a pleasure, Mark.

MM: Thank you. I'd like to start by quoting something that you have said that goes to the heart of what I wanted to talk about. You said, "A hurt is at the center of all addictive behaviors." What I'm wondering about is if the hurt is early parental loss or lack of bonding, how does that connect, possibly, to addiction later in life?

GM: Well, can I begin with a question?

MM: Yes.

GM: So, let me define addiction for you. It's any behavior that a person craves, finds pleasure or relief in and continues with it despite negative consequences. It could be substances-related or it could be sex or gambling or shopping or eating or anything else. So, by that standard, is it okay if I ask you if you've got any addictive behavior in your life ever. I'm not asking what it was or when, just anything.

MM: Yes, absolutely, I have.

GM: Okay. The next question is not what was wrong with it but what was right about it; what did it do for you. What did you like about it?

MM: In my case, it was smoking cigarettes and my mother had been a very heavy smoker. I think that smoking – yes.

GM: Whoa. Sorry to interrupt. I'm just asking what did you get from it. What did you like about it?

MM: I got comfort.

GM: Comfort?

MM: Yes.

GM: If you got comfort, if you needed to be comforted, that means that you had a discomfort in your life. So, the cigarette, the addiction was not your primary problem; your primary problem was the discomfort you tried to soothe. In other words, the addiction is nothing more than a coping mechanism. It's not a disease, it's not a choice; it's simply an attempt to soothe some kind of emotional pain, some kind of emotional discomfort. I'm suggesting that that discomfort, that emotional pain, that distress originates in childhood in every case of addiction.

MM: You're saying that it originates in childhood. You're obviously including earliest childhood and bonding with the mother or the primary caretaker.

GM: This goes specifically to our relationship with our primary care-givers and it begins not only in early childhood but even in the womb body; in other words we know that animals in a laboratory or if women are stressed during pregnancy, that environment has an impact on the infant, even in the womb body, and it increases the risk of addictive behavior later on in both animals and human beings. It's some kind of distress that the young creature experiences early in his or her development that then leads to the need for soothing later on.

Almost often it does happen in early childhood, developing in early childhood. It's not a question of blaming the parent or the mother; it's a question of asking what was the emotional state and the circumstance of the care-giver that may have caused her not to be able to connect with the infant in the way that the infant needed. Then there are, of course, obvious cases of trauma and abuse and all that. The more trauma and abuse there is, the greater the risk of addiction. But it doesn't have to be trauma or abuse, it can just be an emotional disconnect despite the parents displaying the best intentions.

MM: Is it possible to get through a childhood without some discomfort or distress of the kind you're describing?

GM: In our society, it's almost impossible which is why addiction's so rife. If you look at other cultures, for example hunter/predator cultures where infants are with their parents all the time, they're picked up, they're not hit and they're never allowed to cry. Before they cry, they're actually talked to and comforted. And you don't see addictive behaviors. But as soon as you have stresses on the parenting mind that separates the parents from their extended families and the clan, and the tribe, parents are more burdened, as soon as you have insecurity that affects the parents without the support of their group, as soon as you have parents who are carrying childhood trauma themselves that's not resolved, it's almost impossible for the child to avoid some of this impact. So, in our society, the answer is virtually no, which is why, again, addiction is so rife in our society.

MM: What about specifically the connection between attachment disorder or insecure attachment and addiction? Would you draw a corollary between those?

GM: Sure. Again, if you understand addiction, that it's a complex phenomena which is primarily aimed at soothing some kind of pain or distress, then the more hurt the child is emotionally, the more likely they are to be programmed to seek soothing behaviors later on. This always has to do with the attachment relationship with the primary care-givers. So, yes, attachment loss is a template or a potential template for addictive behavior later on with attachment problems, not just emotional dynamics. We now know that they actually affect brain development.

The quality of parental bond, the mutual responsiveness of adult/child relationships has an impact on the very physiology of the brain. When you look at addiction from the perspective of brain physiology, the circuits that are involved in addiction actually are shaped by the early environment and renders difficulties for the parents in providing that secure attachment for the child. That affects the physiology/chemistry of the child's brain.

MM: That's so fascinating. It leads to my next question where you've said stress can affect abuse, love and attachment due to deficiencies in the ability to process endorphins and dopamine, the neurochemicals in our bodies. I'm wondering what are the implications of that outside of the addictive sphere of our lives, in the rest of our lives.

GM: So, again, studies are overwhelming and show that the more stress there is in an infant's life, the less developed the dopamine circuitry is for the child. Secondly, the endorphin circuitry – endorphins being, endorphin meaning androgynous, morphine-like substances, endorphin.

So, if you look at the role of endorphin in human life, that circuitry is negatively affected by early stress. What do endorphins do? First of all, they're emotional pain relievers and physical pain relievers, number one. Number two, they make possible experiences of pleasure and reward. So you can see why somebody with disturbed endorphin apparatus with early stress will be more likely to soothe themselves with opiates later on.

The third thing that the opiates do, the third thing and the most important thing that the opiates do is they help to modulate the attachment relationship itself, so with that endorphin apparatus, we don't feel attached and connected. That affects empathy and connection to other people and our capacity to connect later on. That's the endorphin apparatus, and if it's disturbed in its development, it has a huge impact on our relationships and how we feel about the world, and our capacity to connect with the world in an emotionally open and compassionate kind of way.

Incidentally, not just the endorphins, but also the oxytocin. Oxytocin is another chemical that's very important. It helps to initiate labor. It helps to modulate the breast let-down reflex or breastfeeding and it also is an important chemical for a loving connection between people. For example, autistic kids, if treated with oxytocin, seem to do better, they're better able to connect with people. What most autism is is difficulty connecting with people.

Now, people who are developing under stressed circumstances may have diminished endorphin and oxytocin activity which means that their ability to connect with others later on in life could be severely affected.

MM: So, what can one do who has been traumatized in that way, who has that kind of chemical deficiency? As a clinician, what do you recommend that people do?

GM: First of all, the good news is that the brain, although it's shaped very much by early experiences, also retains its capacity for developing healing later on. We know this. Obviously, it's better if we get it right in the first place but it's not impossible to develop new circuits or to override the old ones, even later on.

MM: Got you.

GM: So, if you look at the question of what is trauma, it's a broader context but we tend to think of trauma as bad things happening to us. That's not the essence of trauma. Trauma's not what happens to us; trauma's what happens inside of us as a result of what happens to us.

MM: So interesting.

GM: What happens in trauma, the very essence of trauma, is a disconnect from ourselves, so, the disconnect from our bodies, our feelings, and our emotions. That's good news.

I know what happened to me, I don't know what happened to you, but I know what happened to me: terribly stressed, war time, Budapest, Hungary, Jewish mother, Nazi occupation, you can guess the rest, separation from my mother when I was a year old. If that was the trauma, then that trauma stuck because all that happened 72 years ago and I can't change what happened 72 years ago. But if the trauma is not those things but what those things caused inside myself, which is a disconnect from myself, from my body, my gut feelings, from my emotions, that I can regain. I can regain a connection with myself.

So, the essence of trauma healing is a reconnection. No matter how people go about treating trauma, whether with compassionate psychotherapy, whatever bodywork, whatever somatic experiencing work, EMDR, whatever psychedelics work, whatever work that people do, the aim of trauma work is to reconnect that person to themselves, and that can be done.

MM: Beautiful, that's beautiful. I'd like to ask you about the spiritual dimension of addiction. Jung called addiction "A prayer gone awry." How do you see that playing out in the people that you work with and in your own experience, the spiritual dimension of what addiction is, in essence?

GM: Well, the French philosopher, Blaise Pascal, has a wonderful phrase; he says in every human being there's a God-shaped hole. In other words, there's a deep longing for connection with creation, a deep longing for connection with the larger empathy, which is the world, the universe we're all part of. Of course, any sense of disconnect from the physical and broader universe that we're part of is simply an illusion but especially in the western world; we're very much programmed to experience ourselves as the individual being separate and that leads to tremendous emptiness. We try to fill that hole with any number of things.

So, at the heart of addiction, there's not just the trauma and the disconnect we've been talking about, there's also a spiritual emptiness. For some people, the pursuit of addictive behavior is really their attempt to feel whole and connected. I think that as part of addiction treatment and as part of that reconnecting with ourselves that we've been talking about, we have to recognize that there's a spiritual dimension to us; in other words – that's essentially what the 12 Step groups talk about.

They talk about it in religious language and that turns some people off. But what they're really talking about underneath their religiosity is that connection with that larger, creative spirit that we're all a part of. If you look at the traditional native medicine of North America, they have this medicine wheel concept where human health, if you picture it as a wheel, the four quadrants, it's got to include the physical, the mental, the emotional and the spiritual. When we miss any one of them, we're unhealthy, we're unbalanced.

So, spirituality in the sense of that connection, is simply a part of who we are as human beings. In my experience, we actually are missing a part of ourselves.

MM: Beautiful. One last question, please. I'm interested to know what are you excited about in the field of healing, addiction, trauma studies. Is there anything, in particular, that you're finding exciting at the moment?

GM: I just came back from speaking in Ottawa, Ontario and then Boston and Massachusetts; I just came back last night. What's exciting to me is the increasing recognition of the importance of trauma and the healing of trauma in the healing of trauma in addiction, and not just in addiction, by the way, but mental illness in general and even physical illness. Unfortunately, my profession, the medical profession is very much trained to separate mind from body, not even to consider spirituality, of course, and to ignore the whole trauma. The average medical student still, despite all the studies, despite all the scientific evidence, despite all the brain development thought I've just given you, still doesn't hear the word trauma after four years, five years at medical school.

MM: That's incredible.

GM: Really astonishing. I know it's regrettable but it's the state of the – it's the unfortunate state of the profession. Psychologists are often not trained in trauma,

certainly politicians have no references to it. So, the result is, instead of managing addiction and mental illness in general, and many other conditions, as the natural outcomes of unnatural circumstances, we see them as separate diseases or perhaps as behavioral problems.

What's exciting to me is that there's so much research now that's been published, and there's so much more awareness now on the part of many care-givers, and there's so much eagerness to learn about this stuff and to recognize how trauma informs care as the essential cornerstone, this is happening on a larger scale now, in the United States and in my country, Canada. It's far from mainstream yet but at the same time it's burgeoning. To me, that's the most exciting thing and we're finally looking in the right direction. It's going to be a while yet but at least we're more than beginning to appreciate the importance of those early experiences, how they affect us as human beings, how they shape our world view, how they program in us coping patterns that are meant to endure trauma and stress, which later on become problems, and how we can work with these in positive ways.

MM: Beautiful. Thank you. Gabor Mate, it's really been an honor talking to you. Thank you so much. Good luck with all of your work.

GM: Thank you. Thank you very much.