

## Book review

### Ghost-busting addictions

**In the Realm of Hungry Ghosts:  
Close Encounters with Addiction**

Gabor Maté MD

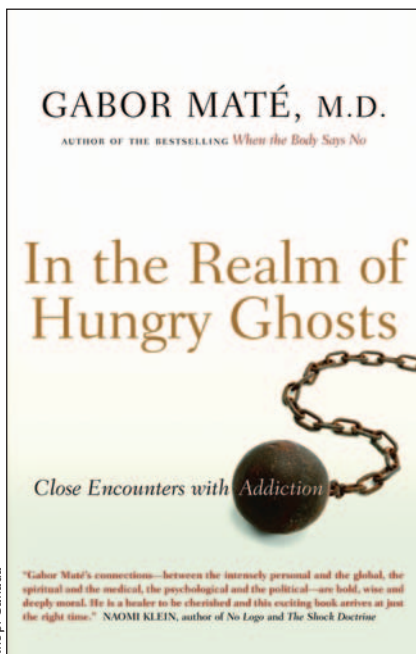
Knopf Canada; 2008

480 pp \$34.95 ISBN 978-0-676-97740-0

If stigma still shapes the ways we understand and respond to addictions in contemporary society — and it does — then this book deserves our attention. Gabor Maté employs both passion and reason in shaping an ambitious, sprawling book that is engaging and provocative.

The crucible that shapes Maté's views is Vancouver's Downtown Eastside, where for 8 years he has been staff doctor for the Portland Hotel Society, a remarkable agency offering "safety and caring to marginalized and stigmatized people," by housing and supporting the homeless. It is there that Maté starts and ends the book — with his patients and himself. But the journey he takes us on passes through all kinds of rough terrain to show us what addiction is, how it develops and what can be done about it.

Maté sees addiction as existing along a continuum, and we are all on it. It's not just about "them" — the marginalized, desperate aliens who represent our stereotype of addiction — it's about all of us, Maté included. He offers himself as an index case, revealing his attention-deficit hyperactivity disorder (the subject of an earlier book), his workaholism, and his compulsive CD buying. "At heart, I am no different than my patients — and I sometimes cannot stand seeing how ... little heaven-granted grace separates me from them."



Knopf/Canada

For Maté, there is one basic addiction process that expresses itself in many ways. It is that process, not the object (which can be drugs, gambling, sex, eating or whatever), that is the essence of addiction. A colleague who found recovery in Alcoholics Anonymous liked to say, "Addiction isn't a drug problem; it's a people problem." Indeed, Maté suggests that addiction is not just about particular vulnerable people, but an inherent aspect of contemporary society.

His view of addiction is a big one: "...any repeated behaviour, substance-related or not, in which a person feels compelled to persist, regardless of its negative consequences on his life and the lives of others." While he admits that addiction has profound biological and psychological aspects, it is a trap to reduce this complex problem to any 1 or 2 dimensions. "Addictions have

biological, neurological, psychological, medical, emotional, social, political, economic and spiritual underpinnings — and perhaps others I haven't thought about." While the addiction process has features of illness and disease, it needs to be seen as more than that. Reductive thinking needs to be replaced by "an appreciation of complexity."

Pointing to the evidence that addiction in the extreme is a chronic brain condition, Maté wonders why we are so hostile to those who suffer it and why it is treated primarily through brief treatment episodes. Drugs alone do not produce these problems — stress, powerlessness, emotional isolation and social dislocation are in play as well. In addition, he reminds us of Alexander's seminal research on "Rat Park" and data on Vietnam veterans to make the point that social and physical environments, not genetic inevitability, evoke biological vulnerability to addiction. Looking at his patients and himself, he sees early development, particularly attachment and trauma, as predicates of risk.

As an evidence-oriented practitioner, he wonders why the war on drugs persists and the pragmatic practices of harm reduction arouse such suspicion. He proposes an approach of "compassionate curiosity," which encapsulates the wisdom of many of humanistic therapies for addiction problems.

The last section of the book ("The Ecology of Healing") starts with a caution: what Maté is about to state is not meant as a replacement for treatment or mutual aid. You should not be expected to do recover if your mind is on drugs: "Under the influence of brain-altering chemicals it's not possible for

users to sustain the self-compassionate stance and conscious mental effort required to heal their addicted minds.” What he, unfortunately leaves unanswered is how you get there from here. And is there — doing spiritual healing — where people need to be? To call for a change within that privileges the spiritual path over the others is to miss the opportunity to pull his “bio-psycho-social-plus” model together.

Take for example, tobacco use, that most addictive process of all. We didn’t decrease use through inner change, we made it more difficult for people to find occasions to smoke. We need to look at other addictive behaviours as much from the outside as from the inside: what are the factors that could be changed to make the behaviour less likely to occur? Focusing on “mental force” to overcome “brain lock” comes close to returning to the will power model that Maté rightly contests earlier in the book. If addiction has biological, psychological, social, political, spiritual and other dimensions, then each of these represents a potential

vector for change. For any particular person, the mix of factors will be different, but to keep them all in play is more important than deferring ultimately to one of them, especially the one that is most commonly evoked.

One final concern: if addiction exists on a continuum, does that mean that more of us should be thinking of ourselves as addicts? Or might we need a different vocabulary? We know a great deal about mild to moderate addiction problems. That includes the fact that, while the people who have them usually recognize that they are having problems, they tend not to see themselves as addicts. Indeed, general practitioners in medicine or in any health discipline have close encounters with this less-severe population all the time, and are in an ideal position to offer them effective brief interventions. There is at least as much that can be done to help the crowd in the shallow waters as those fewer souls in the deep end of the Downtown Eastside. Is it because he is swimming in the deep end of the pond that Maté tells us more

about the complex nature of addictions than about the comprehensive treatment of these problems?

Parts of this epistle from the Portland Hotel will surely aggravate cynics and ideologues. Maté’s confessional narratives make him an easy target. Points of honest discussion emerge all along the way, from adequacy of his addiction concept to the sufficiency of compassionate curiosity. Yet it is important to welcome this book and acknowledge what it accomplishes. If stigma-busting is an unfinished task, the kind of candid and — yes — compassionate engagement, Maté achieves here makes the book itself an act of advocacy, a call for informed health care practices, and an invitation to community dialogue that leads to better social policies.

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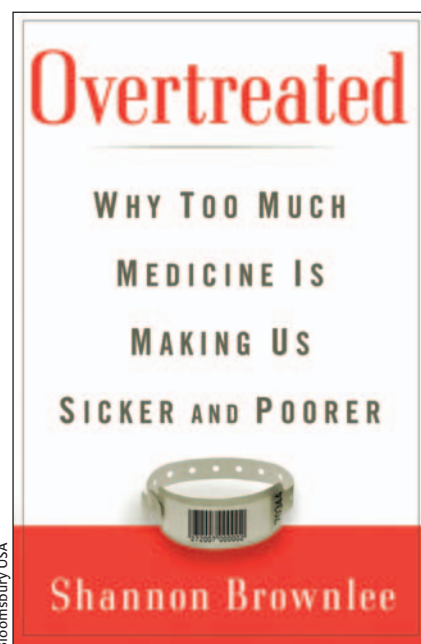
## Book review

# Too much medicine

**Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer**

Shannon Brownlee,  
Bloomsbury USA; 2007  
343 pp \$28.95 ISBN 978-1-58234-580-2

Six billion people on this planet inhabit a world of unimaginable health extremes. At one end of the spectrum, 28 000 children under 5 die every day from poverty and easily preventable diseases, such as diarrhea, tuberculosis and malaria. At the opposite end of the spectrum, a billion of us expend enormous wealth in the pursuit of diseases long before they pose any real problem, guided by a most powerful belief that prophylactic medicine — medicine that often



works against the dictates of evidence, rationality or even common sense — presents nothing but positive contributions to our health.

It’s at this extreme end of the spectrum that Shannon Brownlee’s new book, *Overtreated*, focuses its analysis. She examines the US health care system but the stories seem very familiar, perhaps because Canadians too are affected by those forces that give rise to exploding health care costs: perverse incentives, misinformation about the value of many health procedures and an insidious profit motive that sometimes results in the delivery of health care that is a waste, unnecessary and even harmful. She surveys a whole range of expensive and sometimes useless health care practices, from bypass surgery (half of bypass surgery patients over 65