

Renowned Doctor Gabor Mate on Unlocking the Unconscious Causes of Illness

Drug addiction expert speaks on the mind-body connection

Taken from an article in Alternet, May 30, 2013 |



Gabor Mate, M.D., says the "unconscious mind" can cause medical afflictions like cancer, addiction and trauma. Mate rejects the assumption that the human mind and body are separate entities, and points to an inherent connection between psychological/environmental experiences and medical afflictions. He contends that the war on drugs is actually a war on drug addicts, and speaks to the addiction cessation potential of ayahuasca, an herb found in South America. He also discusses the potential ability of ayahuasca to reverse medical issues like cancer and addiction when coupled with therapy. Following are excerpts from the transcript of Dr. Gabor Mate's speech delivered in Oakland Calif., on April 20, 2013.

...Now, the medical perspective, the allopathic Western medical perspective in which I was trained is that, fundamentally, diseases are abnormalities that occur either due to external causes such as a bacterium or a toxin, or they're accidental or due to bad luck, or their due to genetics. So, the causes are outside of the usual internal experience—the emotional and psychological and spiritual life—of the individual. These are biological events, so the medical assumption goes, and the causes are to be understood and the treatments are to be administered purely in a biological fashion.

Underlying that set of assumptions are two other assumptions. One is that you can separate the human body from the human mind, so what happens to us emotionally and psychologically has no significant impact on our health. Number two: that the individual is to be separated from the environment. So, what happens to me if I get cancer? That is just my poor personal, pure personal, misfortune, or maybe because I did the wrong things like smoked cigarettes. But, that my cancer might have something to do with the lifelong interaction which I've engaged in with my environment—particularly the psychological social environment—that doesn't enter into the picture. But what if we had a different perspective?

What if we actually got that human beings are bio-psycho-social creatures by nature, and actually bio-psycho-spiritual creatures by nature—which is to say that our biology is inseparable from our psychological emotional and spiritual existence—and therefore what manifests in the body is not some isolated and unique event or misfortune, but a manifestation of what my life has been in interaction with my psychological and social and spiritual environment?

Well, if we had that kind of understanding then we would approach illness and health in a completely different fashion.

What if, furthermore, we understood something in the West which has been the underlying core insight of Eastern spiritual pathways and aboriginal shamanic pathways around the world, which is that human beings are not their personalities, we're not our thoughts, we're not our emotions, we are not our dysfunctional or functional dynamics, but that at the core there is a true self that is somehow connected to—in fact not connected to but part of—nature and creation.

An illness from that perspective represents a loss of that connection, a loss of that unity, a loss of that belonging to a much larger entity. And therefore, to treat the illness or the symptom as the problem is actually to ignore the real possibility that the symptom and the illness are themselves symptoms, rather than the fundamental problems. It's in that perspective then, that I've come to understand, quite before my acquaintance with ayahuasca, but that's how I've come to understand human illness and dysfunction. Which is to say that illness and dysfunction represent the products or the consequences of a lifelong interaction with our environment, particularly our psychological and social environment, and that they represent a deep disconnection from our true selves.

I mention particularly cancer and addiction, but those are only two examples. Allow me to read you something from an article that appeared in last February's edition of *Pediatrics*, which is the major pediatric journal in North America, and this is an article from the Harvard Center on the Developing Child, and it's called "An Integrated Scientific Framework for Child Development." Here's what they say:

Growing scientific evidence also demonstrates that social and physical environments that threaten human development because of scarcity, stress, or instability can lead to short term physiologic and psychological adjustments that may come at a significant cost to long-term outcomes in learning, behavior health and longevity. In other words, that the emotional and behavioral patterns that as young children we adopt in order to survive stressors in our environment allow us to deal with the immediate problem, but in the long term they become prisons. They become sources of dysfunction, illness and even death, if we're not able to let go of them. So, in other words, what was a short-term state, or meant to be a short-term state, in a helpful way, when it becomes a long-term state, when it goes from state to a trait, now it becomes a problem.

Let me give you a few obvious examples of that. I myself have been diagnosed with attention-deficit hyperactive disorder, a characteristic of which is tuning out, absentmindedness. Now, ADD in North America is seen as a disease, and we see many kids that have been diagnosed with it. Now we have 3 million kids in this country who are on stimulant medications for it. The rates are going up and up and up.

According to the *New York Times* last week, 20 percent of American boys at one time or another have been diagnosed with it and 10 percent are, at any one time are on medication. Three million at least are on stimulants right now. It's seen as a genetic disease. It isn't at all. What the tuning out represents, as we all know, is actually a coping mechanism. Our brains tune out when the stress becomes overwhelming, too much to bear. And at that point the tuning out is a survival dynamic.

The real question is: why are so many kids tuning out? What's happening in their lives? What of course is going on is that the stress in this society, and the stress in the pending environment are greatly increasing. So, the child's brain is actually affected by the stresses in the environment.

And here's further, from the same Harvard article, they talk about brain development and how the human brain actually develops, and here's what they say about that:

The architecture of the brain is constructed through an ongoing process that begins before birth, continues into adulthood, and establishes either a sturdy or fragile foundation for all the health, learning and behavior that follow. So, in other words, the architecture of the brain is actually constructed by the interaction with the environment. And they continue:

The interaction of genes and experiences literally shapes the circuitry of the developing brain and is critically influenced by the mutual responsiveness of adult-child relationships, particularly in the early childhood years. Well, I can't make this into a lecture on brain development; the point is that which circuits in the brain develop, and which patterns are engrained, has everything to do with the environment, particularly the mutual responsiveness of adult-child relationships. And therefore whatever interferes with that mutual responsiveness will actually interfere with the brain development of the child, including the neurochemistry of the child's brain as well as the psychological emotional patterns.

Cancer

So then, if you look at cancer and addiction as two adaptations to stress, what do we find? Well, prior to my work with addictions, which is my most recent work—and I did that for 12 years—I worked for seven years as the medical coordinator of the palliative care unit at Vancouver hospital working with terminally ill people. And both in family practice and palliative care I had ample opportunity to see who gets sick and who doesn't get sick. I noticed the people that got ill with chronic conditions invariably followed certain emotional dynamics that were engrained in

them so much so that these were unconscious and compulsive and for that reason all the more difficult to let go of. And, so who got cancer and who didn't was no accident, nor was it for the most part genetically determined. And, I've collected a few clippings from the *Global Mail* newsletter—which is Canada's newspaper of record, or at least it thinks it is—and these clippings illustrate the patterns that I found in people who get sick. And I'm saying all this because in talking about my work with ayahuasca and the potential healing that ayahuasca can induce in people, we have to understand what is being healed here. What is the underlying basis of these conditions?

So, these newspaper clippings, then, illustrate something about what I have found in people who get sick chronically. And when I say chronic illness I mean cancer, I mean diabetes, rheumatic arthritis, multiple sclerosis, ALS, Lou Gehrig's disease, chronic asthma, psoriasis, eczema, almost any chronic illness you care to name. The first of these clippings is written by a woman who is herself diagnosed with breast cancer. She goes to her doctor, Harold, and you have to know that her husband's name is [Hye], and [Hye]'s first wife died of breast cancer, and not Donna, the second wife, who's diagnosed with the same condition. So she writes:
"Harold tells me that the lump is small, and most assuredly not in my lymph nodes, unlike that of [Hye]'s first wife whose cancer spread everywhere by the time they found it. You're not going to die, he reassures me. 'But I'm worried about [Hye],' I say, *'I won't have the strength to support him.'"*

What you notice is she's the one diagnoses with the potentially fatal condition and her automatic compulsive thought is, "While I'm getting radiation and chemotherapy, how will I support my husband emotionally?" So, this automatic regard for the emotional needs of others, while ignoring your own, is a major risk factor for chronic illness.

These others are obituaries and obituaries are fascinating to me because they tell us not only about the people who died but also about what we as a society value in one another. And often what we value in one another is precisely what kills us. And the expression "the good die young" is not a mis-statement. Often the good do die young because "good" often represents compulsive self-suppression of their own needs.

So here's a man, a physician, who dies at age 55 of cancer, and the obituary says:

Never for a day did he contemplate giving up the work he so loved at Toronto Sick Children's Hospital. He carried on his duties throughout his year-long battle with cancer, stopping only a few days before he died.
So if you had a friend who was diagnosed with the same condition, would you say to him or her, "Hey buddy, here's what you do: You got cancer, go back to work tomorrow, and not for a moment consider your life, and the meaning of your life, and the stresses that you're generating. Just continue working while you're undergoing chemo, radiation or surgery,"?

So this automatic identification with duty, role, and responsibility rather than the needs of the self is a major risk factor for chronic illness.

... The next one, the next obituary, is about a woman who dies at age 55 of cancer. Her name is Naomi. And this obituary is written by the appreciative husband:

In her entire life she never got into a fight with anyone. The worst she could say was "phooey" or something else along those lines. She had no ego, she just blended in with the environment in an unassuming manner.

Now, I'm sure that many of you who are in relationships, sometimes you wish that your partner would blend into the environment in an unassuming manner, but the point is that the suppression of healthy anger that this woman engaged in all of her life actually suppresses the immune system. And I'm not going to go into the details of that, but the science of psychoneuroimmunology has amply shown that you can't separate the mind from the body and when you're repressing yourself emotionally you're actually diminishing the activity of your immune system and therefore you're less capable of responding to malignancy or to invasion by bacteria.

And again this idea that external things cause illness—take a condition like, the flesh-eating disease, Necrotizing fasciitis is the medical term. And we think we know the cause, the cause is a bacterium, the strep bacterium. It isn't. Because if we did swabs on the people in this audience, we did swabs of the throat or the crevices of the body, we'd identify the strep bacteria in probably 25, 30 percent of the people here. But there's nobody here with necrotizing fasciitis, nobody here with flesh-eating disease.

In other words, the presence of the bacterium does not explain the disease. What happens is that the self-suppressive patterns in somebody's life at some point will suppress the immune system, and that bacterium that has been living on your body in perfect unity with your immune system all of a sudden becomes a deadly enemy. It's not just a bacterium, but the self-suppression that suppresses the immune system that actually causes the illness.

And I'll leave you with one more obituary, and this is almost too incredible to believe except it is directly from the same newspaper. This is a physician who died of cancer:

Sydney and his mother had an incredibly special relationship, a bond that was apparent in all aspects of their lives until her death. As a married man with young children, Sydney made a point to have dinner with his parents every day as his wife Roslyn and their four young kids waited for him at home. Sydney would walk in greeted by yet another dinner to eat and to enjoy. Never wanting to disappoint either woman in his life, Sydney kept eating two dinners for years, until gradual weight gain began to raise suspicions.

Now, what this man believed, what he actually believed—and notice that there are core beliefs underneath all of this. The first one believes that she's responsible for her husband's feelings more than she is for herself. The second guy believes that he is nothing other than his responsibilities and duties and role in the world. There's no true self there he can actually be with and be touched with. Naomi, the woman, believes, *"If I am angry, I am a bad*

person." And this man believes that he's responsible for how other people feel and that he must never disappoint anybody.

Now, these beliefs don't come out of nowhere. They're actually coping mechanisms in a certain parenting environment. If the parents can't handle your anger, if they can't handle your emotions, if they're too needy to trouble themselves then the child starts taking responsibility for the parent as a way of maintaining the relationship. In other words, the psychological coping mechanisms of the child then become part of his or her personality, and these same patterns that helped to cope with the original stress now become the major contributors to his or her illness and possibly death. What we're talking about here are core beliefs that reflect the child's early experience, that become ingrained into the brain and body as automatic and compulsive responses to the world. That's my take on chronic illness.

And you begin to see now how some experiences could enlighten you that you are not those patterns, and if it can give you a sense that these patterns are simply adaptations, and that there's a true self underneath that, and if they can put you in touch with the experiences that led you to adopt these patterns, then perhaps you can be liberated; then, perhaps you can let go; then, perhaps you can find the true self that doesn't have to behave in those ways anymore. That's where the liberation is. So, that's with chronic illness.

Addiction

Now addiction. For 12 years I worked in what's known as North America's most concentrated area of drug use, the downtown eastside of Vancouver, where in a few square block radius thousands of people are ingesting, inhaling, or injecting all manner of substances.

And the question again is why do people do that? Why do people do such terrible thing to themselves to the point of risking their health? They lose everything, they lose their wealth, their relationships, their families, their homes, their teeth, their dignity—and they still continue with it.

The North American answer to that question is twofold. The legal answer, the socially sanctioned answer, is that these people are making a choice, they're making a bad choice, destructive to themselves and harmful to others and the way to deter that choice is to deter them by means of draconian punishments.

The so-called war on drugs. But there is no war on drugs because you can't war on inanimate objects. A war on drug addicts is what there is. And as a result of such retrograde social beliefs and governmental practices, the United States which contains 5 percent of the world's population contains 25 percent of the world's jail population, which is to say that every fourth person in the world that is in jail is a citizen of the land of the free. And all because of the belief that we're talking about a choice here.

The other dominant belief, which is not identical—and you'd think would at least obliterate the first belief but it doesn't—and it's the one held by most medical doctors, is that addictions represent illness of the brain and particularly on a genetic basis.

The American Society of Addiction Medicine considers that up to 50 percent of the predisposition to addiction is actually caused by genetic inheritance. That is more forward looking in a way than our choice hypothesis, because at least you can't blame people for the genes they either inherit or pass on to others, but it is no more right than the other hypothesis.

Actually, if you look at it closely and if you understand human brain development which I alluded a little bit earlier in my talk, you realize that five percent of addictions are genetic. That's not radical to say—and I doubt that anything more than five percent is genetically determined. In fact nothing is genetically determined because we know that even people that inherit genes, and there are some, that are predisposed—not predetermined by predisposed to addiction—some people that inherit genes, in the right environment those genes are never activated. Genes are turned on and off by the environment. Therefore, what is in an environment that causes the addiction?

Of course the belief again then, among the many false beliefs about addiction, is that drugs are addictive. But we know that they're not. Nothing is addictive in itself. I mean, is alcohol addictive? If I asked a question, "How many people have had a glass of wine in your life," most people would put their hand up. Many of you would put your hand up. But if I asked you, "How many of you have had an alcohol problem," a much smaller minority would put their hands up.

Now if alcohol was addictive in and of itself then anybody who ever tries it could become an addict. So, the power of an addiction does not reside in a substance. Whether that substance is crystal meth, or heroin, cocaine, cannabis, alcohol, or whether it's behaviors like sexaholicism, internet addiction, gambling, shopping, work and so on, it's not the actual activity or substance that induces that addiction, it's that internal relationship to it, the susceptibility. What creates susceptibility? It's very simple: trauma.

Trauma

The drug addicts I worked with in the downtown eastside Vancouver, every single one of them had been abused as children. In the 12 years I worked there, out of hundreds of women I interviewed in the course of my professional work, there was not one who hadn't been sexually abused as a child. And that's not just only my personal opinion; it's also what the large-scale population studies show. Not even controversial. Not controversial, but completely impenetrable to the medical profession and certainly to governments.

...An American psychiatrist Dr. Bessel van der Kolk, many of you may know his work on stress and trauma, says that 100 percent of the inmates of the criminal justice system in this country are actually traumatized children.

Now, trauma induces its own set of beliefs and coping styles. One coping style is to shut down emotionally so as not to feel. Now you become alien to yourself. So you don't feel the pain, and as one patient of mine said very eloquently, pardon the language, "*The reason I do drugs is because I don't want to feel the fucking feelings I feel when I don't do the drugs.*"

And Keith Richards, the Rolling Stones' guitarist, in talking about his heroin habit in his book on addiction, sorry, book on his life—same thing—uh, [life], he called it, talking about his heroin habit, "*It's about the search for oblivion,*" he says. The contortions we go through just not to be ourselves for a few hours.

Now why would somebody would not wish themselves to be themselves for a few hours? Because they're suffering, and why are they suffering? Because the early trauma, early emotional loss, induces certain beliefs. One belief is that "I'm worthless." Because children are pure narcissists, and I mean narcissists in the pure sense of the word. In other words, when something happens to a child, particularly a young child, it's happening because to him, and happening because of him. So bad things happen, it's because I'm a bad person. Good things happen because I'm a good person. But if bad things happen, I'm a bad person. If I'm hurt, I deserve it. I caused it. I'm unworthy.

So there's deep shame at the core of addictions; there's also a sense that the world is indifferent and hostile, and of course the child who suffers them is abused—the world was indifferent and hostile as they experienced it. But, as the Buddha said it, "*it is with our mind that we create the world.*" But, what the Buddha didn't say was that before "with our mind we create the world," the world creates our minds. And those minds are then shaped by those early experiences.

So, to the addict, the world is hostile—is indifferent—in which he or she has to manipulate and find some way to soothe themselves because there ain't no soothing in this world, there's no healing in this world.

Those are some of the core beliefs at the heart of addiction. And there's a deep emptiness here, because as the spiritual teacher— and this leads me directly to speak about the ayahuasca experience—as a spiritual teacher here in California said, "*The fundamental thing that happened, and the greatest calamity, is there was not any love or support,*" speaking of childhood.

The greater calamity, which was caused by that first calamity, is that you lost the connection to your essence. That is much more important than whether your mother or father loved you or not. In other words, the greatest loss we endure is the loss of connection to ourselves, and that's then when we experience a deep emptiness that we're so afraid of.

And this culture is all about stuffing full of products, and stuffing full of relationships, and stuffing full of activities, and stuffing full of false meaning. But of course the more we do that, the more addicted we become, because these things can never be truly satiating. So, that emptiness can never be filled from the outside. The way through the emptiness is through the inside—is from the inside. And that's where the spiritual experiences, and the healing experiences, ...come into it...

Gabor Mate is a Canadian physician, speaker and author of four books. He teaches and leads seminars internationally. He has worked in family practice and palliative care and for 12 years worked on Vancouver's downtown eastside, notorious as North America's most concentrated area of drug use. For more information visit DrGaborMate.com.