

Our Addicted Society

Gillian Maxwell, Keeping the Door Open: Dialogues on Drug Use

Most of us are familiar with the street scene of the Downtown Eastside of Vancouver. Unless severe weather conditions prevail, you will see teams of people hanging around, seemingly going nowhere, all with the same hungry look. This group of individuals seem to have much in common, often emaciated, perhaps crippled, a few here and there demonstrating strange body movements, or simply angry, restless and disoriented. It is a scene that resembles paintings by the Dutch painter from the middle ages, Hieronymus Bosch, who depicted human beings undergoing fantastic torments in hell. Bosch's artistic aim was to bring out the inner agony of humans who deserved punishment because of their transgressions. ¹

The human response to suffering has not evolved much since the 15th century. We like to see others as 'sinners' who are deserving of their fate. How often do we say that people who live there, or are homeless anywhere, made a choice and have to live with it? As though we have nothing in common with them...

At first glance it could be difficult to find similarities in 'those people' and ourselves. Some may be insulted at the idea of it. At the very least it would be natural to say 'there but for the grace of good fortune, go I...'

Having lived close to the epicentre of Main and Hastings for 13 years, I can tell you if you are interested in this community and what drives them, the most articulate source is Dr. Gabor Mate, who has worked as a doctor in the Downtown Eastside for many years. His book "*In the Realm of the Hungry Ghosts: Close Encounters with Addiction*" is a beautiful and multi-layered explanation of life in the trenches. ²

From my own experience of living and working in this community, these people have hopes and dreams, they lead busy stressful lives, they experience love and rejection, belonging and abandonment, they have families that they sometimes love and sometimes hate, and they experience pain. Just like us.

The majority of people in this community have experienced severe trauma from a very early age, and have internalised all the humiliations and insults they have borne, believing themselves to be worthless. Some of them have a brain injury, or their mental illness or personality disorder has been ignored. Dr. Mate tells us that all of his female, and many of his male patients, have experienced sexual and physical abuse from a very early age, and explains how physiologically this leads them to become vulnerable to addiction.

Of course there are people who have experienced trauma at an early age, are depressed, have unpredictable difficult personalities, or chronic illness or injury, who manage to function at a higher level.

It is a question of degree. There is only so much an individual can take. The interior tipping point may be different for each person. If you were to draw a diagram showing a spectrum of functioning human beings, I believe the end of the scale of dysfunction would be filled by people with multiple experiences of trauma and stigmatisation.

The people at the high functioning end of the spectrum will have their fair share of trauma and painful experiences. They have developed ways to compensate, cope and manage their feelings.

The act of coping is also a common bond that we all share. The degree of the coping behaviour is linked to the seriousness and frequency of the negative experience that is the source of the pain. We all dislike pain and discomfort. Try sitting still for more than 10 minutes without movement. Most people will fidget, scratch, move, feel restless, tired, bored and experience pain. Your capacity may be well over 10 minutes, but whatever your limit is, there will be a moment when you want to distract yourself from the discomfort.

Every day we experience the same intolerance for reality as it is. We continually strive to change the circumstances we find ourselves in. We are tired, so we drink coffee; we feel sad so we eat chocolate or ice cream; we are angry or rejected so we find a way to turn that into someone else's fault; we feel fear and work harder, shop more, play harder, exercise more, ingest psychoactive substances like coffee, sugar, cigarettes, alcohol, cannabis, speed, cocaine, heroin, methamphetamines...

We are not immune to the impact of consumerism. In his groundbreaking book *"The Globalisation of Addiction: a Study in Poverty of the Spirit"*, Dr. Bruce Alexander examines the correlation between our sense of connectedness and control over our circumstances with addictive behaviours and argues that the primary cause of this is the loss of long standing cultural traditions and values. He points out that "drug and alcohol addictions account for only 20 percent of serious addiction problems," and describes how extreme capitalism increases destructive habits, such as compulsive shopping, gambling, sexuality, and video gaming. The experience of dislocation, whether it is physical or psychological, causes individuals and societies to lose their identity, that sense of connection, which renders people vulnerable to addiction.³

I believe one of the functions of the suffering in the Downtown Eastside is its potential to develop compassion in others, yet often this does not occur. What prevents us from spontaneously feeling empathy and seeking ways to offer love and comfort?

Working in opposition to developing compassion, I also believe that another function this community serves is that of a convenient scapegoat.

Recently I was discussing this with a colleague in the Downtown Eastside, Dr. Margo Fryer from the UBC's Learning Exchange.⁴

She told me that a long-time front-line social service professional said to her, "The Downtown Eastside is society's black hole. All the things we don't want to look at end up here: poverty, mental illness, alcohol and drug use, prostitution, and violence."

Dr. Fryer also reminded me of the work of Ernest Becker who was an anthropologist at Simon Fraser University at the time of his death in the mid 1970s. He wrote several books on the subject of our ultimate fear of dying which can be the source of discomfort or terror.⁵

As noted earlier, when we are uncomfortable with reality, we want to change it, so it goes with our fear of death. We ignore, deny, or repress it. It doesn't go away, even if we are not thinking about it consciously. Becker said this fear of death is directly related to our search for meaning, which becomes increasingly problematic as society moves away from organised religion for instance, and he argues that our anxiety over the lack of meaning fuels the need for self-esteem, and reliance on self and those we identify as 'us' as a source of reassurance.

Dr. Fryer explains it this way: "Scapegoating is a common feature of social groups. We exclude, dehumanise, and devalue others. Becker argues that the dynamic underlying scapegoating is connected to our fear of death. Take ritual sacrifices in primitive societies as example. Certain people or animals are sacrificed to the gods or the ancestors. The sacrifice is

essentially a bargain - others will die in order that I may live. Plus, if I have the power to cause the death of others, then I have power over death, I can control death. The sacrifice is a form of redemption which requires a victim. Often the victim is dehumanised, considered “dirty” or evil. This makes it easier to justify the sacrifice. Projection is the other important part of scapegoating. We project our own animal nature, our weakness, our inferiority, our vulnerability onto “the other.” This projection of the shadow gives energy to the scapegoating dynamic...”

The poor, drug addicted, mentally ill, indigenous people and immigrants in the Downtown Eastside symbolise society’s ‘black hole’ and as such they are the sacrificial lambs to our desperate need to forget our mortality.

As Ernest Becker says: “...the house, the car, the bank balance are modern man’s immortality symbols.”

Without inequality, we would not be able to feel stronger and better than the ‘other’.

The Downtown Eastside community gives us the opportunity to lapse into apathy or take action.

What would action look like? Some choices...

- We could further marginalise; to move it out of our sight and cover it up with coffee shops, shopping malls and casinos
- We can offer assistance of some kind, acts of kindness, mitzvahs, donations...
- We can self-reflect on our reactions to the Downtown Eastside which can tell us more about ourselves
- We can self-reflect on our own addictions and the purpose they serve and what can be learned for our own redemption and that of others
- We can thank the existence of those ‘others’ to assist us with raising consciousness

Addictive behaviour is a response to something. Whether we use drugs or seek distracting experiences, the purpose is to take our attention away from what we don’t want to experience in our immediate reality. We are no different from our neighbours. All that is different is the intensity of the coping mechanism, the frequency of it, the damage it causes, and most importantly, how society judges the method of distraction.

REFERENCES

¹ Sonal Panse, artist-writer <http://www.buzzle.com/editorials/9-14-2006-108691.asp>

² In the Realm of the Hungry Ghosts: Close Encounters with Addiction, Gabor Mate, MD, Vintage Canada.

³ The Globalisation of Addiction: a Study in Poverty of the Spirit, Dr. Bruce Alexander, Oxford Press

⁴ UBC outreach program – Learning Exchange
<http://www.learningexchange.ubc.ca/Welcome.html>

⁵ Books published by Ernest Becker: “The Birth and Death of Meaning” 1971, “The Denial of Death” (1973), “Escape from Evil” (1975)

⁶ Documentary film “Flight from Death: The Quest for Immortality” Transcendental Media, 2005
www.flightfromdeath.com

⁷ Keeping the Door Open: *Dialogues on Drug Use* www.keepingthedooropen.com

“Working towards a just and humane society responding in ways that are economically sound, safe, just, and healthy, so that we are free from the harms associated with drugs.”