

Dislocation Theory of Addiction



In addition to the life course view, this research will begin Episode 1 by assessing the interviewees' childhood and family environment with reference to the research conducted on '*adverse childhood experiences*'.

More importantly, theoretical insights from addiction experts such as Maia Szalavitz (2016), Gabor Maté (2008) and Bruce Alexander (2008) will be used to better interpret the life-course of New Zealand's meth users.

Szalavitz (2016) has shown that only 10-20% of meth, heroin and cocaine users become addicted, while (like criminal offending trajectories) about 90% of all substance addictions start in adolescence and most end by age thirty. Szalavitz also demonstrated addiction does not simply 'appear' overnight but 'unfolds' over time, while the road to addiction is paved with childhood trauma (along with a predisposition to mental illness). Even though there is no significant trauma history in up to one-third of those who become addicted, about two-thirds of addicted people have suffered at least one extremely traumatic childhood experience. Importantly, the higher the exposure to trauma the greater the addiction risk. Szalavitz thus conceptualizes addiction as a learning disorder, because it is an adaptive coping style that becomes counterproductive when the addictive behavior persists despite ongoing negative consequences.

Maté (2008: 136) has likewise argued mere exposure to a drug with "addictive potential" does not make a person susceptible to addiction. The small minority of drug users who do become addicted become so because they were already susceptible. Research indicates children who have encountered adverse childhood experiences (ACEs) have worse health outcomes and higher rates of addiction than others (and the greater the number of ACEs the higher the risk of poor health outcomes) (Hughes et al. 2017). Since adverse childhood experiences are the key (but not only) precursors that go into manufacturing addiction, Maté believes the key question is not '*Why the addiction?*', but rather, '*Why the pain?*' (Maté 2008).

Alexander (2008) argues addiction should best be understood as an *adaptation to dislocation*. Dislocation simply means "*psychological and social separation from one's society*" (Alexander, 2008: 59).

Alexander begins from the premise that achieving psychosocial integration is a human need, but that globalising free-market capitalist development undermines psychosocial integration. As a result, addicts can be best understood as people struggling to adapt to, and deal with, very difficult psychological and social circumstances,

especially the disruptive and dislocating powers of global capitalist development (or some other process that prevents successful psychosocial integration, such as severely adverse childhood experiences).

Beginning from the premise that humans are both a *solitary* and *social* being, successful psychosocial integration is able to reconcile people's vital needs for individual autonomy, achievement and meaning on the one hand, and social belonging, oneness with nature, and a connection to the divine on the other (i.e., psychosocial integration integrates individual autonomy and social belonging for the achievement of human wholeness). Therefore, psychosocial integration is both an inward experience of identity, creativity and meaning, and a set of outward cooperative social relationships, wherein individuals slowly become psychologically self-sufficient while establishing and maintaining a place in their society. Establishing this delicate balance between individual and society enables each person to simultaneously satisfy both individual needs and needs for the community.

While people can endure dislocation for some time, an enduring and severe lack of psychosocial integration – what Alexander calls 'dislocation' – is both individually painful, demoralizing and degrading as well as socially destructive; and it eventually leads to addiction. Starting with the family, all of society's subgroups and institutions ideally give some freedom to the individual need for autonomy, at the same time as it carries out its essential social and economic functions. But Alexander argues a free-market society produces mass dislocation as part of its normal functioning (because it produces intense competition and individualism, socioeconomic inequality, environmental destruction, corrupt business practices, and requires citizens take on the competitive role of the rational individual economic actor). From this point of view, dislocation is not a *pathological* state afflicting the few, but a *general condition*. While Alexander sees the destruction of psychosocial integration as the inevitable 'cost' of the global movement towards a competitive free-market society, dislocation can also be inflicted at any place and time by, for example, abusing a child, ostracizing an adult, or destroying a culture.

Dislocated people struggle as best they can to establish, or restore, psychosocial integration, but those who do not often adapt to dislocation by *devoting themselves to narrow lifestyles that function as substitutes for psychosocial integration*. This means even the most harmful addictions serve an important *adaptive function* for dislocated individuals, because their addictions provide some temporary relief from pain, or some pleasure, or some membership in a social group.

To claim addiction is adaptive (as opposed to 'maladaptive') is not to imply it is a desirable lifestyle, but simply that it may temporarily protect against the greater burden of unbearable dislocation. But in their attempts to establish or restore psychosocial integration by narrowing their lives, addicted people end up exacerbating their own dislocation – by damaging their health, by stigmatizing themselves, by alienating the people who care most about them.

Alexander's dislocation theory of addiction presumes only those individuals who are chronically and severely dislocated are vulnerable to addiction. This is because psychosocially integrated people have no need to devote themselves to a narrow and dangerous lifestyle as their individual and social needs have been met. Since dislocation is 'universal' within capitalist societies, those who become severely addicted are only different in *degree* – and not *kind* - from those who do not become addicted.

Many dislocated people manage to 'get by' without becoming addicted through determination, luck, and with help and support from family, friends and their community.

To contain the spread of dislocation, Alexander believes capitalist societies need to adequately modify or regulate its free-market structure to keep the negative side-effects under sufficient control.

Hari's Disconnection Theory of Addiction and Depression



In a similar vein to Alexander's dislocation theory of addiction is Johann Hari's (2018) disconnection theory of addiction and depression. Beyond the role of genes and brain changes, Hari argues the main causes of depression are all forms of disconnection:

1.	Disconnection due to adverse childhood experiences
2.	Disconnection from other people (loneliness/isolation)
3.	Disconnection from meaningful values (due to the rise of 'junk' extrinsic materialistic values)
4.	Disconnection from meaningful work (due to disempowerment and despair)
5.	Disconnection from status and respect (due to hierarchies causing humiliation, submission, low status, status anxiety)
6.	Disconnection from the natural world (due to being uprooted from our natural landscape)
7.	Disconnection from a hopeful or secure future (due to loss of control and security and the rise of precariousness)

Simply, depression is a normal reaction to abnormal life experiences (Hari, 2018). Hari argues mental distress is not a chemical imbalance or malfunction in the brain, but a necessary signal that indicates we are suffering from a *"social and spiritual imbalance in how we live"* (Hari, 2018: 257).

Since disconnection is the main driver of depression, Hari argues the most effective 'antidepressant' is using targeted, evidence-based ways that allow disconnected people to reconnect (with others, society, values, meaning, work, nature, security, sense of status and the future). For Hari (2018: 199), an antidepressant is not a pill, but *"anything that lifts your despair"* and restores your human nature.

Like Alexander (and Erich Fromm), Hari argues we have innate psychological needs to feel connected, valued, secure, autonomous, and that we are good at something and making a difference in the world.

For Hari, the opposite of addiction is not sobriety, but connection.

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