

***About Health TV with Jeanne Blake***  
**Expression of Addiction**  
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JEANNE BLAKE: Welcome to *About Health TV*, I'm Jeanne Blake. Addiction is a major public health concern. We all know someone who's living with addiction or is living in recovery. But still addiction remains greatly misunderstood by many. Some still consider it a lack of willpower but addiction is an illness of the brain. A multimedia project, Expressions of Addiction, is an exhibit of original photographic portraits that show people in various stages of addition. It's designed to help the public better understand this illness. The exhibit is reaching people through the Internet, at [www.expressionsofaddiction.com](http://www.expressionsofaddiction.com), through gallery exhibits and through television. It's creator is Dr. Howard Shaffer, the Director of the Division on Addictions, Cambridge Health Alliance, Harvard Medical School. Dr. Shaffer welcome. Thanks for coming in.

DR. SHAFFER: Great to be here.

JEANNE BLAKE: You've been working in the field of addiction for 30 years. Why this exhibit now?

DR. SHAFFER: Well that's a very interesting question Jeanne. I had worked in photography for a number years before I decided to get my graduate degree in psychology and I had a very difficult time choosing between photography and psychology but frankly, they are very similar. Both involve working with people and getting to understand the nature of a person's character before you photograph them or, if they're coming for help in order to help them.

JEANNE BLAKE: You are actually you're being humble. You are an award-winning photographer in the Southeast during your 20's and you really literally put the camera back in the bag and didn't pick it up until this

DR. SHAFFER: I did, I put it away for over 30 years and really never took a picture, I'm sure that I didn't take enough pictures of my own children, but after a while I had had this idea in mind that I wanted to try and take what's fundamentally an

anonymous illness, an anonymous disorder and try and put a face to the nature of addiction and the experiences that people have had and I thought that the easiest way to do it would be to see if I could get people to participate in a project where they would let me make a portrait of them, talk with them about their experiences and then share those with the public.

JEANNE BLAKE: Usually, the genesis of a project like this is there's a moment that you can recall where the light bulb goes off and you go, that could work. Did you have that moment?

DR. SHAFFER: Well, not really. I had a few moments I would say that maybe I strung together because many years ago I did a story on the 5<sup>th</sup> Street Gym which was in Miami Beach where Mohamed Ali trained and I did a series of portraits there trying to capture the nature and experience of the fight game. And for many years I carried that on in my subconscious and semi consciousness and then I decided that I could bring that approach to photography to a story that has rarely been told mostly because people feel such guilt and shame about their addiction and I thought if maybe I could get them to get beyond their guilt and shame, we might do something that my scientific publications and my more narrow research really doesn't do. My narrow research reaches other scientists and clinicians but photographs have the ability to really stop people, make them look and then wonder about the person if the photograph is done right I think, wonder about them in their experiences and what's going on in their life that has that sort of special moment so I thought I'd bring it to the addiction.

JEANNE BLAKE: So you questioned whether you could get people to volunteer but there's been no shortage of volunteers actually.

DR. SHAFFER: I've been stunned frankly by the willingness of people to let me into their life, talk about their addictions and then struggle to make photographs that would capture their character because not all of the stories are pleasant stories and they're not all at pleasant moments. Some are, but some are not and

JEANNE BLAKE: Why do you think as a psychologist, why do you think that people are so willing?

DR. SHAFFER: Well I think contrary to the conventional wisdom there are lots of people who suffer in their life and don't want their suffering to be in vain. The people who've made bad choices or had bad experiences don't really want to be as isolated as the rest of the world might like to make them. They do want to share their suffering. So for the greater good they can contribute back to society.

JEANNE BLAKE: Some people might be very surprised when we in a few minutes look at some of the addictions that you portray. You cover a broad range of behaviors and substances in your, in this work, "Expressions of Addictions."

DR. SHAFFER: Yes, my view is that addictive behaviors have much more in common than they have apart. So that I do think that there are biological, psychological and social reasons that lead to addiction as an experience for any individual human being. It's not always predictable, but that experience will depend upon the availability and accessibility of various activities that range from, for example, drinking alcohol on the one hand, to shopping too much on the other. Drugs tend to be the most reliable objects of addition because they change the way we feel and they change our chemistry, our brain chemistry if you will. But activities can do that too. People who gamble too much, shop too much, have excessive sexual behavior patterns, are also in some ways managing their own subjective feelings. So all of these things are addictions in a family and the stories of these people I think reveal that various addictions have more in common than they have apart.

JEANNE BLAKE: Well, we mentioned that addiction is an illness of the brain and research is showing that the brain indeed does change when repeatedly exposed to a substance or a behavior that causes pleasure. So are you saying that someone who is addicted to shopping actually has changes in their brain?

DR. SHAFFER: Yes, and in fact there is a little bit more research on gambling than shopping but both seem to show similar responses to the object of addiction, gambling or shopping as people who take drugs experience with their drug taking. For example, they experience tolerance, they need to do more of these things to get the same effect they got with a lower dose. That's true with gambling, shopping, and drug taking. Some people even experience blackouts. They don't remember anything

that happened to them during the time of their shopping or gambling and some of these people, about 50%, experience withdrawal when they stop these activities and they can make the withdrawal go away again, by either shopping, gambling or taking drugs. So there's a lot more in common in the neurocircuitry of the brain that's associated with the behavioral activities and the drug taking activities is more similar than it is different.

JEANNE BLAKE: This might be a bit of a redundant question but in your overarching goal that you'd like to achieve through this project is what?

DR. SHAFFER: I think my overarching goal is respect for people who are suffering. I'd like the public to better understand that this isn't a willful disobedience. It isn't a more weakness, this is a combination of many factors that brought people to a place where life was sufficiently unbearable that they needed to do something to adapt and in that sense, they are not like anyone else on earth who are all trying to adapt and survive and they did it perhaps making bad choices, perhaps having bad influence but it wasn't that they are bad people.

JEANNE BLAKE: Let's take a look at some of your photographs and they are beautiful. And you've been, you've been, I guess before we look at John, which is the first one. What's it been like for your Dr. Shaffer to pick up the camera again, and it's been 30 years to begin to create art and to tell stories through these pictures. What's the process been like for you?

DR. SHAFFER: Well the process for me has been a very interesting personal journey because in many ways the gap in my picture taking is like a gap in time so that when I picked up a camera again I was about 35 years younger than I am now and I did have to learn the new technology.

JEANNE BLAKE: Exactly.

DR. SHAFFER: Because this project was done with digital technology rather than film and so

JEANNE BLAKE: And being in a dark room.

DR. SHAFFER: I used to work in a dark room and love that experience and now I've learned to equally enjoy the experience with a computer so that I can, I can generate the kinds of images that I was used to many years ago.

JEANNE BLAKE: Well, let's talk about John. He is in recovery from alcoholism. Tell us a bit about what you were thinking as you took his pictures?

DR. SHAFFER: Well I photographed John approximately on the 30<sup>th</sup> anniversary of his sobriety and in that case it was really a special event to photograph John. He was just a wonderful person to work with. He exuded what recovery is all about his willingness to help others. He had a special, joyful life and he was able to recall when life wasn't nearly that pleasant, in fact, when life was almost unthinkable for him and he transformed that as if in a moment of insight that he didn't have to drink anymore and when he had that moment, his life was transformed and as a result, I think John's transformed the lives of many others. His picture is really a picture of joy I think.

JEANNE BLAKE: And Meredith, some might be surprised, I actually was, I don't know why I was. Meredith, her addiction is caffeine. As a person who drinks only decaf now, I obviously made a choice at some point that I was getting too much of something from it so I, but I think many people will be surprised that you've included her in this exhibit.

DR. SHAFFER: I try to include all the objects of addiction even though some are much more common than others, but Meredith got involved with coffee drinking on her way to school during her high school years, she used to stop with friends, drink coffee and simply enjoy it as many young people do. They, they start to drink coffee often in Middle School or High School years. For her though it was a social event, and the social event simply required her to drink coffee and pretty soon she was drinking enough coffee to become physically dependent so that when she stopped she experienced regular and persistent headaches and gradually had to taper off but it wasn't easy because when she went off to college there was coffee in every turn and every corner.

JEANNE BLAKE: But I have many friends who say that if they try to give up coffee, they get headaches. I mean this is a pretty, with a Starbucks on every corner, this is a pretty wide-spread addiction then in this country.

DR. SHAFFER: I think it is very wide-spread. And it's a very interesting and important illustration that addiction is woven into the fabric of our society. It isn't just coffee that's on every corner, there are drugs in every community, there are shopping malls in every community, there are now opportunities to gamble in 48 of the 50 states and we could go on and on with the options. People who experience pleasure in their life from various objects run the risk of becoming excessively involved or addicted.

JEANNE BLAKE: What's the harm in drinking too much coffee?

DR. SHAFFER: Well too much coffee raises blood pressure. It certainly leads to withdrawal symptoms and it can be distracting. In Meredith's case, coffee began to be more important than other things that should have been more important to a young person during their high school years. So drinking four or five or six or seven cups of coffee in a day have all kinds of health related consequences.

JEANNE BLAKE: Let's look at the next photograph. It's Donna. Tell us and by the way, each of these photographs has a bio sketch so that when they are exhibited and when you look at [expressionsofaddiction.com](http://expressionsofaddiction.com) you can read the bio sketch. Tell us about this next photograph Donna?

DR. SHAFFER: Donna was a wonderful woman who volunteered for this project because she felt compelled to tell her story. A woman in her sixties who suffered as a young child, only recently realized that she had been traumatized as a child and then went through life depressed. She was unhappy and her unhappiness seemed to have no, no cure. No solution. Until somewhere later in life she began to gamble with church bingo and then when casinos became available she would stop into a casino and I think Donna's story reveals how people adapt to the opportunities of their life, of their day-to-day life because she was adapting to an inner pain and suffering that lead her to gamble to excess. Sometimes just hanging around other people gambling because she felt more important. She would go shopping and she would shop heavily and shopping

made her feel important so feeling important was the need that she was filling with her addictive behavior. Eventually she gambled so much that she began to steal and she stole checks from a friend and her life began to unravel. She lost her family, she lost all the things that people value and treasure and has turned that around. I photographed her approximately seven years after she stopped gambling and shopping simultaneously and she's now dedicated her life to helping other people with similar problems.

JEANNE BLAKE:                   That's terrific and of course cigarettes as a widely accepted as an addiction and this photograph is of Deb. Tell us her bio sketch?

DR. SHAFFER:                   Well I think Deb is a very prototypical smoker. Smoking arguably is the most prevalent addiction in the United States and perhaps around the world for a number of different reasons. Tobacco and nicotine are the kind of drugs and activity that gets woven into your life, it's a short acting drug, smoking gets connected to all kinds of other things that we do so people tend to rely on their tobacco and their smoking to manage their life on a day-to-day basis. Deb had done that. She had smoked as a young woman and as a girl just like many others get started but later in life she decided after having a child that she didn't think this was very good as a role model and it was her child that really was driving her recovery. I photographed her very last cigarette and the moments after she had her last cigarette. I am also following Deb and am happy to say that despite the fact that she slipped as almost all people with addiction do somewhere along the way in their recovery, she's really a non-smoker now.

JEANNE BLAKE:                   Recovery is a process and I think that's a very important point to make and most people I think don't understand that a relapse is part of that ongoing, is often I should say, part of that ongoing process and it doesn't necessarily at all mean that someone won't be able to stay clean.

DR. SHAFFER:                   In fact, the opposite. I think we need to understand addiction is a chronic illness. As a chronic illness, the evidence makes sense. About 80-90% depending upon what literature you read, about 80-90% of all the people who stop their addictive behavior have some kind of slip or relapse during their period. But in fact every time they stop, their chances of staying stopped are the same as they were the first time that they stopped so it's a journey and as a journey, the people who live

and work and love those people struggling with addiction need to maintain their belief that they can recover, be supportive and understand that like so many other chronic illnesses we need to sort of stay the course and when we do this people recover.

JEANNE BLAKE:                   And of course that's why a 12 step program is so important to people that are in recovery.

DR. SHAFFER:                   12 step programs provide the social support networks that are so critical to helping people with natural tendencies to slip or lapse and provide people with role models who know how to abstain and recover.

JEANNE BLAKE:                   Some people will recognize our final photograph that we're going to discuss, it's Chris.

DR. SHAFFER:                   Christopher Kennedy Lawford volunteered for this project because he has been committed to recovery for many years. He's now been in recovery for 20 years, he's experienced addiction to alcohol, drugs and other activities and as one of the famous American families, I think he reveals that addiction is an equal opportunity disorder and almost anyone under any circumstances can become excessively involved with something and his recovery is remarkable. His book "*Symptoms of Withdrawal*" is among the best memoirs I've ever read and I recommend it very highly.

JEANNE BLAKE:                   And you recommend it as you said earlier before we were on the air to people who are in recovery, people who love someone who is in recovery, and just if you want to read a great memoir.

DR. SHAFFER:                   A great memoir about a very, very interesting family and a very interesting person.

JEANNE BLAKE:                   It can be so helpful to an illness whether it's breast cancer or prostate cancer or addiction when a person of Chris Lawford's stature decides to go public with his story.

DR. SHAFFER: I think it's very, very important because too often people think addiction only happens to people who are so different that regular people can't develop excessive behavior problems. But in fact the opposite is true. Addiction can happen to everybody or anyone because we all enjoy pleasure and anyone who enjoys pleasure is at some risk for addiction. So putting a face on it shows that this is a fundamentally human experience and it can happen to anyone.

JEANNE BLAKE: I asked John whose photograph we showed earlier, why he decided to participate in your project and here's what he had to say:  
"The reason why I volunteered to be in this project was the fact I have a decent period of time now, under my belt as we would say working a program. It's not like 6 months, 8 months, the year that a lot of times you see in many, many TV shows. This is the, I have 30 years of sobriety one day at a time. The interesting thing is that I found that Dr. Shaffer's program was the type of, the type of program in which individuals who were uncertain, individuals who were a little bit afraid to face what was happening had this large, large spectrum of people to look at, to listen to, to hear and really come to the conclusion that, you know, if they have a problem, it's not just them, it's all of us, it's the way life is for all of us. Even if it isn't booze, this type of program works because it will be something else. Could be drugs, could be you eat too much or you don't eat enough, it could be anything but this is the type of program that Dr. Shaffer has put together where you see so many faces of so many people that are working hard to either heal themselves, stay healed or live in a world where one day at a time the healing just keeps going on."

JEANNE BLAKE: It's so interesting that someone like John, like Chris Lawford, will speak publicly now because for so many years there was an air of anonymity around addiction.

DR. SHAFFER: The tradition in addiction is to be anonymous and for many, many years people have tried to develop more public awareness campaigns but they've failed because people have not been willing to put a face with a story. That was one of the driving forces behind the development of my project. I thought that there were people who would be willing to do this and I thought that by being a

photographer/psychologist or psychologist/photographer they might be willing to tell me their story since they knew I was familiar with addiction.

JEANNE BLAKE:                   What was the importance of being anonymous in the early years or until recently? I mean, people that I interview still say well I can't say that I'm in AA because we are supposed to be anonymous but they will still tell me their story.

DR. SHAFFER:                   Well I think in many ways, there are probably many reasons but in many ways the important reasons were that there was considerable stigma associated with addiction and by not being fully revealing everyone was in this together. And it protected people. It made it easier to tell their story. I do think there are stigmas with many illnesses and people are reluctant to talk about them but addiction is particularly affected by the stigma again because people see addictive behaviors as so deviant that people are monsters of sorts that don't really deserve our compassion or our caring but if we pay close attention to the lives of people with addiction we can find that none of them wanted to become addicted. In my experience and I've worked with thousands of people with addiction, I've had one case in my entire career where a person set out to become addicted.

JEANNE BLAKE:                   Why would they want to become addicted?

DR. SHAFFER:                   This was a young person who simply identified with a very deviant culture and they wanted to be like the deviant people that they saw on a street corner, they wanted to be part of the gang mentality and they thought that involved injection drug use and they set out to do that. But that's the only person of the thousands of people I've worked with at our hospital clinics and my private practice people don't set out to do this. So what happens to them as a result of a bad choice, bad luck, a change in consequences, it's certainly unexpected for most.

JEANNE BLAKE:                   I mean, a lot of people, most people I think struggle with life. Some people, many people actually will choose a substance to ease that pain and not get addicted. Isn't it so?

DR. SHAFFER: I think it is so that most people don't get addicted but I would guess that most people bump up against excessive behavior in their lifetime whether it be with food, drink, or other activities but for some reason, which we still haven't yet well understood, they're able to have meaningful things in their life that take them away from these activities so they get engaged in family, work, religion, other things that simply have better outcomes.

JEANNE BLAKE: I want to make sure that we touch on your other goal that I've read on your website, your intention is to of course, draw or raise awareness, the public's awareness about addiction but also to draw attention to the need for greater financial support of community programs and treatment programs. There's a tremendous need in this country for greater access to treatment.

DR. SHAFFER: There's an enormous need for more treatment and there's an enormous need for more resources for addictive behaviors. One of the reasons people don't donate as freely to addiction as they do other disorders is they think addiction is the result of some willful choice. In fact, people as I said before don't choose addiction. So yes, I would like to raise more support for community programs that's our first line of defense I think we can change the country, I think we can change our communities, I think we can change the world if we pay attention to people who are suffering.

JEANNE BLAKE: And Dr. Shaffer a community wants to show your photographic exhibit, what do they do?

DR. SHAFFER: They can contact me through [expressionsofaddiction.com](http://expressionsofaddiction.com) there's a way to contact me directly and then we'd be happy to make arrangements to have photographs available for them to exhibit, stories for them to exhibit and in some cases, we are certainly available to do a workshop or a community event.

JEANNE BLAKE: Wonderful. This is a tremendous step toward educating the public. Thanks so much for coming in to talk with us about it.

DR. SHAFFER: Thank you for having me.

JEANNE BLAKE: I appreciate it. And thank you for joining us on this edition of *About Health TV*. Once again Dr. Shaffer's web address is [www.expressionsofaddiction.com](http://www.expressionsofaddiction.com). I'm Jeanne Blake. I'll see you next time.