

## DENIAL

*Wish it was only a river in Egypt.*

Statistics are rarely meaningful in the face of personal tragedy. When someone chooses to take his/her life, each of us who knew and valued that person struggles with serious questions. Could I have done something? Were there warning signals I ignored or did not see?

If you answer yes, know you're one with all of us because denial is a universal human condition which acts as buffer against unacceptable reality. At times all of us have chosen to protect ourselves from the pain of watching someone struggle with depression, grief, or chemical dependency. We chose to protect ourselves by blocking hurtful knowledge from our consciousness.

Understanding this process of denial allows us to make other choices as we can now identify and recognize it. If we choose not to ignore it before it gets too big for intervention, we can be of help.

The psychological process of a person in denial is unconscious and often can be seen by others when a person is suffering from an obviously terminal illness but seems to be genuinely unaware of it.

This article will focus on the denial which surrounds chemically dependent people and their support network. Others may uneasily know there's trouble but don't know what to do or realize the depth of it. Unwise drug use (including alcohol) often is used to cover up long standing depression, post-traumatic stress disorder, or physical pain.

**Denial is a core component of dependency.** Denial is a cardinal and integral feature which locks people into increasingly destructive patterns while allowing them to keep their self delusion intact. As a major symptom of this disease, it develops along with more visible symptoms i.e. harmful consequences.

**Denial has many faces.** Denial is a shorthand term for many defenses that chemically dependent people and their support system unwittingly set up to protect themselves from the realization they are facing a serious situation. These defensive maneuvers distort and minimize the gravity of the difficulties. A few examples of the kinds of denial follow:

- **Simple denial:** Maintaining that something is not real when, in fact, it is i.e. insisting drug/alcohol use isn't a problem despite obvious evidence that it is and can be seen as such by others.
- **Minimizing:** Admitting to some degree of a problem with chemical usage, but in a way that it appears to be much less significant than it is.
- **Blaming:** Denying responsibility for our behaviors and insisting it is caused by other persons, places, or things.
- **Rationalizing:** Not denying bad behavior but giving an inaccurate explanation for it.
- **Intellectualizing:** Avoiding emotional turmoil that perpetuates use by dealing with it by generalizing, analyzing, or theorizing.
- **Diversion:** Changing the subject to avoid a topic that is threatening.

- **Hostility:** Becoming angry when someone confronts or mentions their usage and related behavior. This serves to back people off and allow the dependent person to keep their denial intact.
- **Denial is automatic:** Denial is not usually a matter of deliberate deception. Mostly, dependent people don't know what is true or false regarding their usage and its consequences. They are blinded to the fact that their view of the situation isn't accurate.
- **Denial is progressive:** It becomes increasingly more pervasive and entrenched as the illness progresses. Early-on it is minimal and, with encouragement, can be somewhat easily intervened on. However, when a person's illness has progressed enough where others are concerned, an elaborate system of defenses shields him/her from seeing what's really happening. In the terminal stage, an alcoholic, for example, may be dying from cirrhosis, yet deny any serious history of drinking.

### **Origins of the denial system**

The denial system's primary function appears to protect the affected person from the reality that they are dependent. It prevents them from admitting the fact of their illness to themselves and to others, because admission would prevent protection of the addiction. Initially, people who are potentially dependent on mood altering substances find that intoxication is pleasurable. As dependence increases, ultimately drinking or drug use becomes the focal point and continuing necessity. Anything that threatens continued use is rejected, thus denial prevents the person from seeing the drug/process – they so desperately need – is in fact destroying their life. Without denial the pain and shame would be too much to bear, but the end result is being out of touch with reality and continuing a downward spiral.

### **Denial blocks recovery**

Denial is the major barrier to recovery from chemical dependency, depression and related pain (post traumatic stress disorder and unresolved grief.) Most people seek treatment because of external pressures – not because they're admitting in any meaningful way that they have a significant living problem. The extent of any given person's denial varies considerably. Some are totally blind to the existence of their illness. Others may admit it to some degree, but virtually always with a failure to fully appreciate the extent, seriousness or personal nature of the problem. Unless something happens to weaken or intercept the defenses which compromise the denial system, they will not be willing or able to accept help in their recovery.

Denial runs a parallel course with people who are part of the dependent person's personal or professional network. Following are four identifiable states in the family or network of the user. Check and see if they apply to yourself or anyone you know, determine whether you have inadvertently enabled the person to become more ill.

1. In the first stage of denial the network tries to hide the problem from themselves, each other and others outside their circle.

2. Involved persons try to control the person's intake and behavior. This may include being sympathetic and trying to persuade the person to control their use; trying to get them to switch to another substance or threatening to report them to a person in authority. These ploys always fail because the efforts are directed toward externally controlling their behavior.
3. The third stage is typified by chaos. The problem is now so critical it can no longer be hidden or denied. The user may be losing credibility with his/her outfitter and beginning the spiral of scrambling to find employment elsewhere with decreasing results.
4. The fourth and final stage is when others try to take complete responsibility for and complete control of the dependent person. This further increases the emotional invalidation and usually ends with alienation and resentment by everyone.

So what can each of us do to help someone who's on a destructive slide?

#### **Do.....**

1. Openly face that this may be addiction which must be dealt with honestly and forthrightly.
2. Encourage the person to seek help. The Whale Foundation is here for EVERYONE in the community. Call us please, sooner rather than later.
3. Accept that addiction is a treatable illness. Respect that when someone says that they can't use your help, they aren't saying they're better than you – they may be trying to help themselves.
4. Realize that recovery may often be a longtime process requiring patience and understanding. Support the person in their changes.

#### **Don't.....**

1. Don't allow the problem drinker/ user to lie to you, outsmart you, or make promises they do not keep. If an agreement is made stick to it. For example, you might say: "I won't supply you and I will need to report you if you run the boat while impaired."
2. Don't let the problem drinker/user exploit you or take advantage of you. If you do, you become an accomplice in their evasion of responsibility.
3. DON'T LECTURE – MORALIZE – SCOLD – BLAME – THREATEN – ARGUE – POUR OUT LIQUOR OR HIDE DRUGS – LOSE YOUR TEMPER OR COVER UP THE CONSEQUENCES OR THEIR USING. True, you may feel better, but the situation will be worse.
4. Don't allow your anxiety to compel you to take responsibility for what the problem drinker/user ought to be doing for himself.
5. Don't suggest using another substance as a substitute to feel better. Using another "pain killer" often leads the person back to their preferred drug or adds a new dependency.
6. Don't shame someone if they choose not to drink or use. e.g. "Too good to drink with someone?"

If you've persisted in reading this article, thank you. You're probably already examining and questioning previous responses to someone who was or is struggling. Each one of us can be part of the solution. In voicing our caring and by being willing to get more knowledgeable about depression, grief, and substance abuse we can and do make a significant difference.

Absolutely feel free to call the Help Line with any questions or concerns. Let's not lose anyone else.

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