

Denial Not So Easily Dismissed In Early Recovery
By Peggy L. Ferguson, Ph.D.

"I am not alcoholic!" "I do not have a drinking problem!" "I can quit any time I want".
"I am not a drug addict. The doctor prescribed this medication!" These are not the only forms of denial that alcoholics and addicts have. If it were only that easy.

Despite the alcoholic/addict's attempts to regain control, family members and others feel compelled to intervene. Many people come to treatment as a consequence of some level of coercion. Examples are: The judge says "go to treatment or go to jail". The spouse says "go to counseling or I'm getting a divorce". The kids say, "go get help or I'm not going to let you be around my kids any more". The boss says "do whatever you have to do to get this under control or I'll have to fire you."

To most addicts at this point, these threats or bottom lines seem completely unjustified. The addict usually feels that others are trying to take control over him/her—which, of course, they are. The addict usually feels that others are trying to take control over him—which, of course, they are trying to do. What the addict doesn't realize is that s/he is out of control. The addict does not recognize this because of denial.

Denial is one of the symptoms of addiction, and much maligned by non-addiction professionals and those in denial of their own addiction. Denial is one of many defense mechanisms deployed by addicts. Denial reduces the emotional distress inherent in addiction, so that the alcoholic/addict can continue to use. It is emotionally distressing to know that your drinking or drugging behavior is destroying your own life and the lives of the people that you love, and at the same time, be unable to visualize a life without alcohol or other drugs.

Denial is a largely unconscious process. If you are aware of thought processes that allow you to persist in destructive behavior, they will not work the same. They won't be effective. Many alcoholics and addicts know that they have addiction, but tell themselves that any form of treatment will not work for them. Some tell themselves that they don't care that they are slowly (and sometimes not so slowly) killing themselves with their use of alcohol or other drugs.

Denial and other defense mechanisms are among the biggest issues keeping those who need help from getting that help. That is partly why denial is targeted for elimination so strongly in early recovery. Yet, denial, even when strongly targeted by treatment plan goals and objectives is not completely eliminated then.

I like to use the metaphor of peeling an onion. You cannot effectively cut through the middle of the onion and be done with denial. You peel the layers off, one by one. Each bit of insight and awareness sets up the opportunity to gain the next level of insight.

There are other defenses besides outright denial that are typically used by alcoholic/addicts. Some of these include rationalization, justification, blame,

intellectualizing, and diversionary tactics. Many of these defenses allow the addicted person to identify other people or issues as the source of problems in their lives and to continue to pursue the solution of choice – drugs or alcohol.

Many alcoholics/addicts harbor the hope that the counselor or treatment team will tell them that they were right all along, that it is their family that is the problem, that the family is being unreasonable with trying to get them to quit drinking/using. They go to treatment hopeful that the staff will tell them that they can learn to drink or use drugs without the negative consequences. People often come to treatment with the agenda of learning how to drink or use drugs socially. They often initially resist the notion that abstinence is necessary for recovery.

Another form of defense is minimization. Some people at the beginning of recovery may recognize that they have a problem, but will minimize the extent of it, the loss of control, or the lethality of the disease. Early on, recovering people may think that they can just "put the plug in the jug" and be perfectly fine. They may believe that it is the job, the family, the stress, the time of the year (or any manner of other things) that is "causing" them to drink. With this reasoning, when the source of their distress is eliminated their need to drink or use would also be eliminated. In reality, to recover, you must eliminate the drinking/using, then identify the underlying stressors and personal issues to be resolved. You cannot get sober by working on anger management (for example), but you can effectively work on anger management once you are sober.

Many others in early recovery harbor the notion that they don't have to do any real work in recovery, that quitting drinking/using is The Goal, and once they are clean sober for one week, one month, or one year, they have accomplished The Goal. Newly abstinent alcoholics/addicts often point out that they did not sign on to change their whole life. Recovery, however, is much more than abstinence. Abstinence is the beginning of recovery, but not the whole of recovery. Recovery is a return to health and to healthy functioning, in all areas of a person's life. Stopping using, in and of itself usually does not accomplish that. Recovery is active. You cannot passively recover. Recovery is quite a learning process and quite a journey. People often wonder in the beginning if it is worth it. Many people in sustained recovery discover that their lives are so much better than they ever imagined their lives could be.

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