



The Many Faces of Denial

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To err is human. So is to deny. If a person has at least a basic idea of what denial is, and thinks it is not something he or she ever engages in, he or she just has. Everyone, at some point or another, has entered a denial phase or has had a denial moment. Phrases like “This can’t be happening”, “You have to be kidding” and “There must be a mistake” are just some examples of denial. It is the main reason why people with alcohol or substance abuse problems do not seek help. Among judges, denial takes on another form, since it can be masked by a very legitimate intention to avoid public scandal or harm the image of the judiciary.

Denial is one of the defense mechanisms postulated by Sigmund Freud in his Psychoanalytic Theory. Although psychoanalysis has its followers and detractors, Freud’s studies of the mind structures and mental processes are deeply respected by followers and detractors alike, and continue to be widely studied and researched.

Freud’s anatomy of the human mind: Understanding conscious and unconscious processes.

One of the pillars of Freud’s theory is the study of the mind structures. The **Id**, which resides completely on the unconscious part of our minds, is the most primitive, impulse driven part of the human mind. When we act on impulse, without measuring the consequences of our acts, we are letting our Id direct our actions. The **Ego**, an aspect of the mind that emerges from the id, develops outside its awareness and governs the person’s interaction with the environment. It must balance desire, morality and reality. Our most rational decisions emerge from the Ego. The **Superego**, which develops from the ego, is the representation of the person’s culture and imposes society’s belief system onto the person. When we do something which we would not like to do, but do it because “we should” or because “it’s the right thing”, we are functioning straight from our Superego. Transactional analysis simplified these concepts by portraying the Id as the inner child (impulsive and selfish), the Ego as the adult (down-to-earth and rational), and the Superego as the parent (authoritative and opinionated) in all of us.

From a topographical perspective, Freud visualized the human mind in three domains: The unconscious, the pre-conscious and the conscious. These are not anatomical regions in the brain. They are really mental processes that are visualized as regions in order to better understand their functioning. The conscious mind is visualized as the tip of an iceberg, which is “visible”, but is really the smallest part of the mind. The unconscious is much greater, but cannot “be seen”. Early recollections, traumatic memories of childhood and adolescence, embarrassing or painful events are all pushed towards our unconscious mind. The thoughts, feelings and memories of the unconscious are completely

unavailable to the conscious mind, but have a lot to do with our actions. The pre-conscious level stores material outside of our conscious awareness, but that can be accessed relatively easily by remembering (for example phone numbers, recent memories, etc.). Freud contends that when a person experiences situations that he/she perceives as threatening or uncomfortable, he/she uses defense mechanisms to deal with this information. Denial is one of the most common defense mechanisms. It involves “pushing” threatening information into the unconscious mind and thus, denying it.

Why does denial take place? Usually, people want to keep their lives in order. They want to feel in control, so they resist facing facts or situations that they fear would result in a loss, or a warning that something in them is “not ok”. When in denial, a person rejects a situation or fact that is threatening or uncomfortable to accept, even when it is utterly obvious for anyone else. The subject may simply deny the reality of the unpleasant fact, or he/she might admit the fact, but deny its consequences or how serious it is. This is called minimizing. At other times, the person may admit both the fact and its consequences, but deny any responsibility. This is called displacing, if the responsibility is cast upon a third party, or transference, if the responsibility is shifted towards the therapist.

Judges who deal with young offenders often see the parents in sheer denial. It is very hard for a parent to accept that his or her son or daughter has committed a crime. Even parents of ruthless, antisocial youngsters can be heard arguing that their son or daughter cannot be guilty of what the prosecutors contend. Some young or inexperienced lawyers, when they empathize too much with their clients, believe their account to the extent that they may even ignore certain aspects of the client’s version that, to an outsider, do not seem possible.

Denial was researched extensively by Anna Freud, the youngest of Sigmund Freud’s children. Basically, she classified denial as a mechanism of the immature mind, and stated that it affects the ability to cope with reality and learn from experience. Mature people may fall into denial when facing unexpected losses or traumas like death of a loved one or rape.

Elisabeth Kübler-Ross identified the five stages of grief experienced by people facing death (their own or a loved one’s). These stages are **denial**, anger, bargaining, depression, and acceptance. On the first stage, the person cannot believe the news he or she is confronted with. He or she tries to find proof of an error, or even a lie that will change the painful fact or situation. When no such mistake can be found, the person experiences intense anger (towards the news bearer, towards him or herself or even God). Then, the person enters a bargaining stage (“Maybe if I stop smoking and lead a healthy life, the cancer will go away...”). When faced with the fact that no amount of negotiation is changing the painful reality, the person enters a stage of depression. Finally, he or she accepts the unavoidable. Kübler Ross’ theory has been extended to other losses like separation or divorce, incapacitating accidents or illness or loss of employment.

Unlike some other defense mechanisms postulated by psychoanalytic theory, for instance, repression or projection, denial is easily detectable. The emotionally threatening or uncomfortable situation and its consequences are pretty clear for everyone except the person in denial. This is specially obvious in alcohol or substance abuse and smoking. Typically, the person denies having a problem and insists that he or she is in control of the situation, while family members or workmates keep confronting him or her with the problematic behavior. The ability to deny or minimize is an essential part of what enables an alcoholic or addict to continue his or her behavior despite overwhelming evidence that there is a problem.

Types of Denial

Simple Denial: The person denies that an uncomfortable or threatening situation is taking place or that any specific action has happened. It can be carried out consciously, by lying, or unconsciously, when the person fails to recognize or really believes that the situation does not exist, despite evidence on the contrary.

Minimizing: The person may accept the fact or situation, but denies that it affects anyone, or the extent of the damage. This denial may include alternative explanations which could diminish the impact of his or her behavior on the significant others. Typically, this is achieved by minimizing the impact of the troublesome conduct. It is an attempt to make the effects or results of an action appear less harmful.

Denial of responsibility: The person accepts the situation and its consequences, but denies that his or her conduct is responsible for the obvious impact of his or her behavior. This can be done by blaming somebody else, or shifting fault, or by trying to validate his or her actions. It is an attempt to make a wrong action seem right by justifying that decision or action.

Denial of cycle: It takes place when a person avoids facing that his or her behavior is part of a pattern or cycle. Through this type of denial, alcoholics and addicts fail to recognize the events that lead to their relapse, and bipolars fail to predict their mood swings. Because of this denial, domestic violence offenders and survivors do not recognize the cycle of violence they live in.

Endorsed denial: This form of denial is shared by the commanding figures in the person's family, community or work environment. The spouse, parents, boss or partners deny or ignore the problem, because acknowledging it would require certain actions to be taken, which could create a crisis or difficult situation.

Transitory denial: The person experiences denial at the pre-conscious level, for a very short time, and gradually lets the information sink in. As soon as the situation is less threatening, the person spontaneously accepts reality and takes action or seeks help.

Denial of denial: It is simply the denial of a denial process. It involves thoughts and behaviors which fail to recognize that the person is not being objective or honest. A person in denial of denial can be very defensive, thus making the help process very difficult.

Is there such thing as healthy denial?

Some experts agree that certain amount of denial is actually healthy. If people were to acknowledge every possible danger or threat that they are exposed to, they would never leave home. They would not ride in cars, board airplanes or get on boats. If people were permanently aware of the fact that certain amount of suffering in life is inevitable, they would become anxious and depressed. Emotionally healthy people are able to enjoy life, give and receive love and maintain a positive attitude towards life, despite the knowledge that losses and pain will occur at some point. They take reasonable risks, and carry out normal lives. The truth is that this involves a certain amount of denial.

The twelve steps of Alcoholics Anonymous

The concept of denial is very important when dealing with alcohol or substance abuse or dependency, or mental health issues. Denial is the single most important reason why alcohol or substance addicts do not seek help.

Alcoholics Anonymous (AA) is probably the entity that has dealt more with the denial process. Most of the twelve steps that guide this program address, directly or indirectly, the denial issue. Narcotics Anonymous (NA), Overeaters Anonymous and other recovery programs are based on or inspired by the twelve step program developed by AA.

The first step is specifically designed to overcome denial: *“We admitted we were powerless over alcohol — that our lives had become unmanageable.”* This is the base on which the whole program is constructed. If a person cannot admit that there is a problem, all attempts to solve it are pointless. To be able to carry it out, step four requires a long, thorough look at denial: *“We made a searching and fearless moral inventory of ourselves.”* It is not possible to search for anything if governed by denial. Since the recovery process cannot be judgmental, participants are encouraged to take an honest, fearless look at their conduct, not to be overcome by guilt, but to make affirmative change decisions. Step five requires not only that denial be overcome, but overtly challenged: *“We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.”* Admitting to God (as the person understands him or her) is an act of humbleness. Admitting to oneself is challenging denial, and admitting to at least one human being makes relapse into denial more difficult. Step eight cannot be met in denial: *“We made a list of all persons we had harmed, and became willing to make amends to them all.”* This also requires affirmative action as well as humbleness. Step ten is designed to prevent a relapse in denial: *“We continued to take personal inventory and when we were wrong promptly*

admitted it.” Finally, step twelve deals with helping others overcome their own denial, since service to others in need of recovery is one of the basic principles of AA: “*Having had a spiritual awakening as the result of these Steps, we tried to carry this message to other alcoholics, and to practice these principles in all our affairs.*”

Twelve step programs have a long standing history of success. They depend on the solidarity of people in recovery and the fact that no one knows more about overcoming addictions than those who have fought them and won. Likewise, nobody knows more about denial than those who have been in it. Since it stems from emotional needs, denial can become a very strong habit. Recovery from denial requires just as strong vigilance as recovery from alcohol abuse or addictions.

Dangers of denial in the Judiciary

Alcohol or substance abuse, mental health conditions such as bipolarity or depression and social emergencies like domestic violence or child abuse are very difficult situations to deal with in any family. In the judicial family, facing these issues can become very complicated. Professional and social pressures make it very difficult for a judge or their spouse or children to seek help. The judge may experience *simple denial*, *minimizing* or *denial of responsibility*. He or she may fear that by seeking help, his or her problem will be exposed, and he or she may face separation of service. The spouse or children may have the same fears, or may be afraid that they could be criticized or in some way punished for exposing the judge. They may experience *simple denial* and/or *minimizing*.

To add to the confusion, there may also be *endorsed denial* by the judge’s peers, support personnel or even the judicial system. Nobody wants to have such a thorny problem and though consciously, we may all agree that ignoring it doesn’t make much sense, at the unconscious level, many people feel that if something is not talked about, it’s not happening. The problem is that an addiction, mental health or violence problem is like a time bomb: if not deactivated promptly and properly, it may explode without warning and have catastrophic consequences.

Judges who try to fight alone against alcohol, prescribed or illegal drugs or conditions like bipolarity or depression, are in an underhanded battle, because having to hide their problem enables denial. The high level of stress in their job makes them want to escape or take refuge, thus pushing them into relapse. Action must be taken to prevent, identify and treat mental health, addiction and violence issues in the judiciary. It is of paramount importance that judges receive, parallel to their professional training, lectures, workshops and written material to help them identify the aforementioned situations, as well as guidelines to seeking help. As part of the prevention program, we must teach our judges to recognize signs of stress and burnout and to learn to deal with judicial stress in a healthy manner.

Spouses and children of judges who suffer alcohol or substance addictions are on a very difficult path to recovery, since very few jurisdictions have programs that include relatives. The judges may be in endorsed denial and may fear that their spouse or child's problem could harm their judicial appointment.

Since confidentiality is such an important issue, the judges and their family members need to be reassured that the professionals and/or sponsors who will help them will observe very strict confidentiality measures. If the judicial assistance program offers a mental health directory, the psychologists or psychiatrists that appear in such directory should undergo specialized training on judicial issues, confidentiality requirements and the unique needs and situations judges confront.

The judicial career is a life altering experience, and along with the many emotional and professional rewards, comes a great deal of stress. The judge and his or her family live in a showcase: their private life is less private, and their problems may become public matter within minutes. Since their alternatives to seek help are limited by this situation, programs need to be developed that ensure that our judges and their families can be taken care of in an effective, sensible and low profile manner.

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